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Maryland Medical Care Programs

Medical Assistance Program · Pharmacy Assistance Program

The Year in Review

Fiscal Year 1986

Maryland Department of Health and Mental Hygiene

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Maryland Department of Health and Mental Hygiene

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Introduction

The Maryland Medical Care Programs, through the Medical Assistance Program and the Pharmacy Assistance Program, provides access to a broad range of health care services for eligible low income Maryland residents. Administered by the Assistant Secretary for Medical Care Programs, these programs are operated in accordance with federal and state law and receive funding from both the federal and state governments.

The Medical Assistance Program derives its statutory authority from Title XIX of the Social Security Act and Title 15 of the Health-General Article of the Annotated Code of Maryland. The Program marked its twentieth full year of operation in fiscal year 1986.

During the year, the Program served a monthly average of 341,256 people, 7.7% of the state's population. Program eligibles received services from approximately 22,000 participating health care providers. Expenditures of $789 million were made on behalf of Medical Assistance recipients.

The Pharmacy Assistance Program completed its seventh full year of operation in fiscal year 1986. Established by the General Assembly in 1978 and supported entirely by State funds, this program assists low income individuals who are not eligible for Medical Assistance in paying for prescriptions, insulin and certain medical supplies. Approximately $5.1 million was spent during fiscal year 1986 for an average monthly enrollment of 13,600 persons.

This publication describes the people served, the services provided and the providers reimbursed under the Medical Care Programs during fiscal year 1986 (July 1, 1985 through June 30, 1986). The narrative section provides information on the Medical Assistance Advisory Committee, enrollment, providers, payments, services, management controls, current trends in program expenditures, and a description of the Pharmacy Assistance Program. Following the narrative are statistical tables on enrollment, services and payments during fiscal year 1986.

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is composed of Medical Assistance recipients, consumer representatives and health care providers. The Committee meets at least six times a year to provide information and counsel to the Medical Assistance Program.

Members of the Medical Assistance Advisory Committee for fiscal year 1986 are listed below according to the expiration date of their term of office.

July 1986

Allen Bennett, P.D.
Lee Bernhardt
Peter Borchardt
Jack Bovaird
Helen Bridges
Jacqueline Fassett
Benjamin Kimbers, D.D.S.
Eileen Leaman
Edward Matricardi
Millie Tyssowski

July 1987

John Braxton, M.D.
Eva Brown
Kathryn Cannan
Jean Dockhorn
William Hankins
Joseph LaAsmar
Flisher Martin
Ethel Pace
Regina Phillips
Melvin Rubin

July 1988

Rosemary Atkinson
Ray Brodie, Jr. M.D.
Phyllis Colston
Dorothy Council
Denise Wheatly Rowe
Helen McAllister, M.D.
Dennis Melchor
Diane Pederson
Rev. Richard Reichard

One representative from the Department of Health and Mental Hygiene (DHMH) and one from the Department of Human Resources (DHR) serve as non-voting members of the Advisory Committee. Douglas H. Morgan, DHMH, and Gloria Washington, DHR, represented their respective agencies in fiscal year 1986.

ENROLLMENT

During fiscal year 1986, the Maryland Medical Assistance Program average monthly enrollment was 341,256 people, 7.7% of the State's population. Figure 1 displays the enrollment rate for each jurisdiction in the State. Enrollment rates ranged from 1.9% in Howard County to 24.1% in Baltimore City.

From fiscal year 1967, the first full year of operation for the Maryland Medical Assistance program, through fiscal year 1973, the Program's enrollment increased at an average annual rate of over 8.5%. This trend was reversed during fiscal year 1974 when enrollment dropped by nearly 4.1%. Enrollment rose again during fiscal year 1975 and the beginning of fiscal year 1976. A decline in enrollment began in the spring of 1976 and continued through fiscal year 1979, decreasing a total of 14.5% for the period. Enrollment increased again the next two fiscal years, before declining slightly over the next four fiscal years. Enrollment in fiscal year 1986 was up slightly over fiscal year 1985. Trends in yearly enrollment are shown on Figure 2.

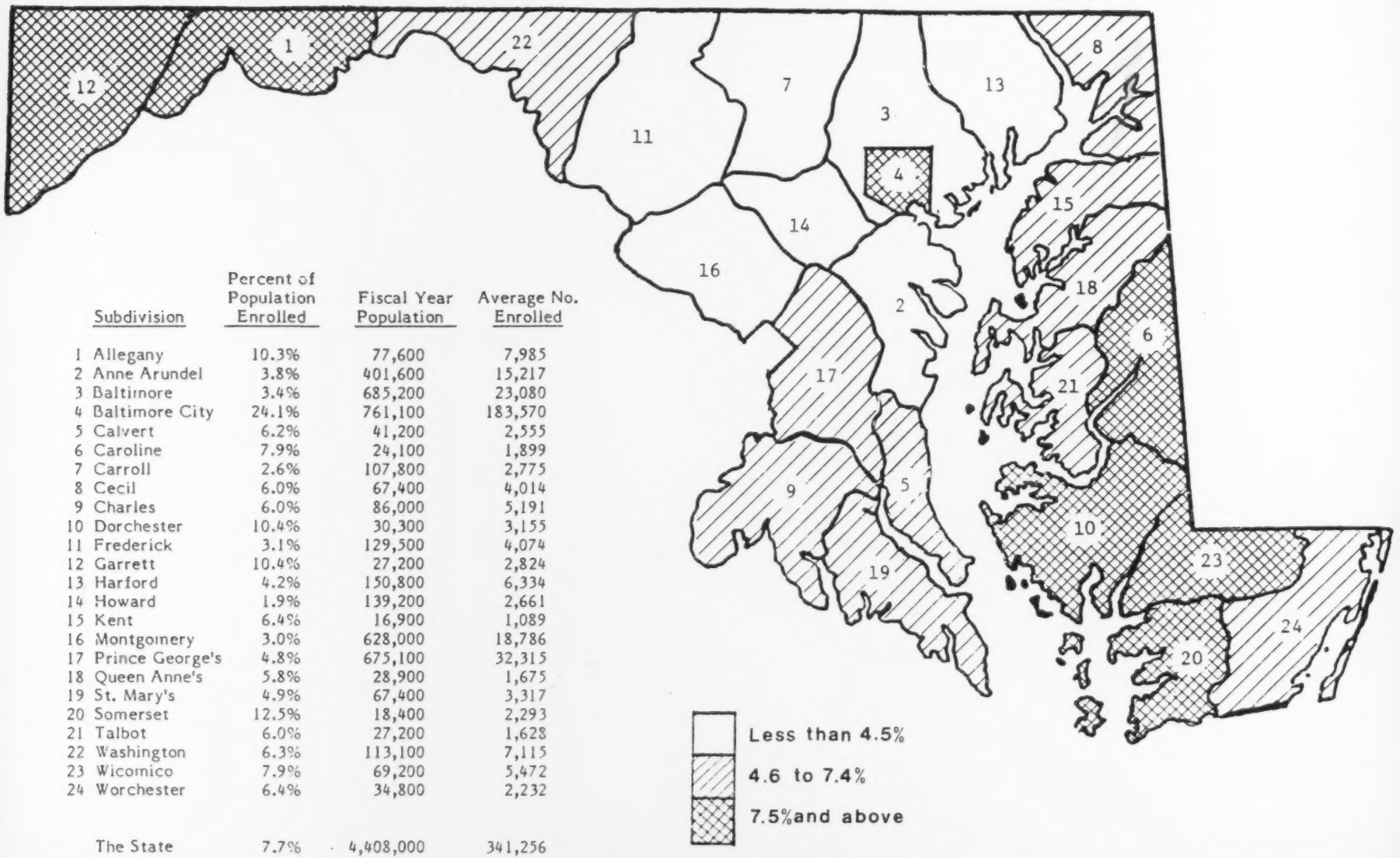
There are two major categories of enrollees in the Maryland Medical Assistance Program.* The **Categorically Indigent** are Medical Assistance enrollees who are eligible to receive cash payments under the Aid to Families with Dependent Children (AFDC) program (Title IV-A of the Social Security Act), the Supplemental Security Income (SSI) program (Title XVI of the Social Security Act), or the General Public Assistance (GPA) program (Article 88A, Section 65-A of the Annotated Code of Maryland). Federal matching funds are available to pay for the cost of health care provided to AFDC and SSI recipients. Federal matching funds are not available for services provided to GPA recipients. Eligibility for SSI is established through the federal Social Security Administration and eligibility for AFDC and GPA is established through the State's local departments of social services. In fiscal year 1986, 79.7% of all enrollees were Categorically Indigent.

The **Medically Indigent** are those persons whose incomes and resources are sufficient to pay for basic living expenses but are inadequate to meet the cost of necessary health care. To receive Medical Assistance benefits, the Medically Indigent must meet the Program's income standards, resource limits, and other eligibility requirements which are established consistent with federal regulations. In fiscal year 1986, 20.3% of all enrollees qualified as Medically Indigent. Federal matching funds are available for services provided to SSI and AFDC-related Medically Indigent Recipients (MI-SSI and MI-AFDC).

*See Appendix A, Glossary of Terms, for definitions of eligibility categories.

Figure 1

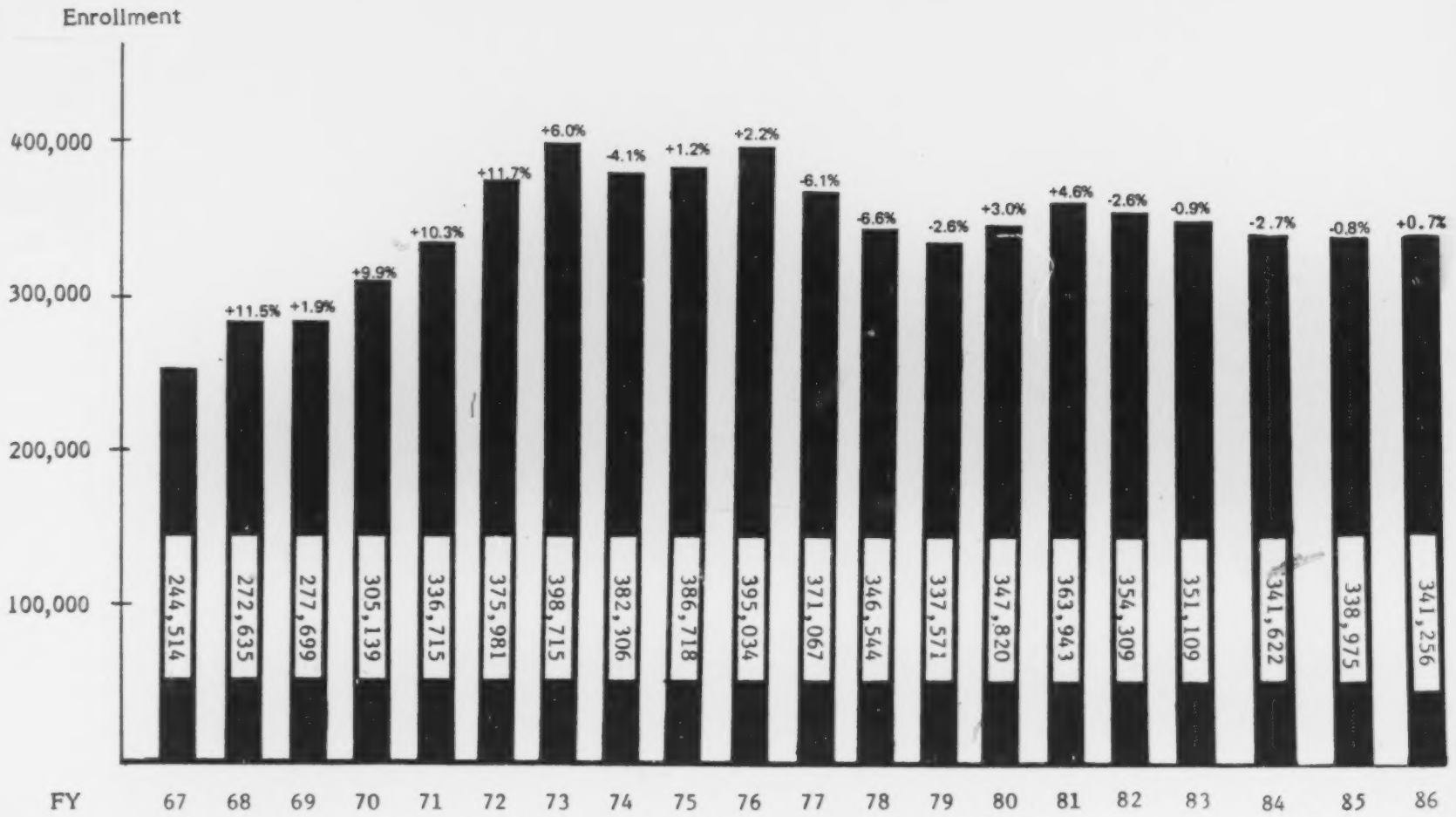
MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT BY POLITICAL SUBDIVISION
Fiscal Year 1986



	Subdivision	Percent of Population Enrolled	Fiscal Year Population	Average No. Enrolled
1	Allegany	10.3%	77,600	7,985
2	Anne Arundel	3.8%	401,600	15,217
3	Baltimore	3.4%	685,200	23,080
4	Baltimore City	24.1%	761,100	183,570
5	Calvert	6.2%	41,200	2,555
6	Caroline	7.9%	24,100	1,899
7	Carroll	2.6%	107,800	2,775
8	Cecil	6.0%	67,400	4,014
9	Charles	6.0%	86,000	5,191
10	Dorchester	10.4%	30,300	3,155
11	Frederick	3.1%	129,500	4,074
12	Garrett	10.4%	27,200	2,824
13	Harford	4.2%	150,800	6,334
14	Howard	1.9%	139,200	2,661
15	Kent	6.4%	16,900	1,089
16	Montgomery	3.0%	628,000	18,786
17	Prince George's	4.8%	675,100	32,315
18	Queen Anne's	5.8%	28,900	1,675
19	St. Mary's	4.9%	67,400	3,317
20	Somerset	12.5%	18,400	2,293
21	Talbot	6.0%	27,200	1,628
22	Washington	6.3%	113,100	7,115
23	Wicomico	7.9%	69,200	5,472
24	Worchester	6.4%	34,800	2,232
	The State	7.7%	4,408,000	341,256

Figure 2

MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967-1986



Medical Assistance eligibility for the Medically Indigent is determined by the local departments of social services according to Maryland Medical Assistance Program regulations, guidelines and standards. It is based on the number of persons in the family unit, the family's resources, and its net income (gross income less certain deductions and exclusions). The net income and the resources standards for fiscal year 1986 are indicated below.

Family Size	Net Income Standards	Resources Standards
1	$3,600	$2,500
2	4,100	2,600
3	4,600	2,700
4	5,100	2,800
5	5,600	2,900
6	6,100	3,000
7	6,816	3,100
8	7,488	3,200
9	8,088	3,300
10	8,724	3,400
Each Additional Person	+ $636	+ $100

Most persons aged 65 years and older and many blind and disabled persons who are enrolled in the Medical Assistance Program are also entitled to Medicare benefits. For persons enrolled in both Medicare and Medicaid, the Medical Assistance Program pays the premiums required for coverage under Medicare-Part B and the deductible and coinsurance portions of Medicare claims.

Enrollees who qualified for Medical Assistance through federally-matched programs accounted for 90.7% of total Program enrollment in fiscal year 1986. The remaining 9.3% qualified through 100% state-funded eligibility categories.

PROVIDERS

Approximately 22,000 health care providers were enrolled in the Maryland Medical Assistance Program in fiscal year 1986.

The list of enrolled providers includes 877 hopsitals (70 in Maryland), 185 long term care facilities, 5 health maintenance organizations, 160 home health and medical day care agencies; approximately 12,000 physicians, physician groups and clinics; 2,100

dentists and dental groups; 3,200 personal care providers, 1,000 pharmacies, and 1,700 special services providers.

Each Medical Assistance enrollee may receive services from participating institutions or providers of his/her choice or may enroll in a health maintenance organization (HMO).

INVOICE PROCESSING

Over 9.8 million invoices were processed by the Program in fiscal year 1986. About 26 percent were returned to providers for recipient ineligibility or billing errors. The remaining 7.2 million invoices paid in fiscal year 1986 are identified below by their service type.

	Number of Paid Invoices
Pharmacy	3,564,383
Physician	1,862,765
Hospital Outpatient	812,936
Special Services	328,411
Dental	207,585
Hospital Inpatient	194,885
Nursing Facility	138,675
Home Health	119,666
TOTAL	7,229,306

The number of invoices processed/paid has increased as a result of Program expansion to include new services; inclusion of services previously processed outside of the claims system, notably clinics and state institutions; and regularly scheduled nursing facility Patient Assessment and Mass Adjustments payments.

Ninety-five percent of all complete and accurate invoices are paid within 30 days of receipt by the Program. The first two to three weeks are required to process the invoices and prepare vouchers. An additional week is required for submission of vouchers to the State Comptroller's Office for the processing of vouchers and issuance of payment.

The UB-82 invoice form for hospital services mandated by the Health Care Financing Administration (HCFA), has been implemented ahead of schedule. The Program has continued to upgrade and automate its invoice processing capabilities.

The Program has implemented the HCFA-1500 and HCFA Common Procedure Coding System (HCPCS) which was due by October 1, 1986.

PROVIDER RELATIONS

A consolidated Provider Relations Unit for all services other than hospital and nursing facility was established to resolve provider billing problems and to give providers technical assistance and training on proper billing procedures. Over 16,700 telephone inquiries and over 78,000 eligibility inquiries were handled in fiscal year 1986. There were 129 training sessions conducted for more than 191 providers and provider groups. Additionally, there were 25 sessions on implementation of the UB-82 for more than 400 personnel. Expansion of the Provider Relations Unit for all provider inquiries will be pursued.

PAYMENTS

Total Maryland Medical Assistance Program expenditures in fiscal year 1986 were $806,399,306. Approximately 41.9% were federal funds and 58.1% were state funds.

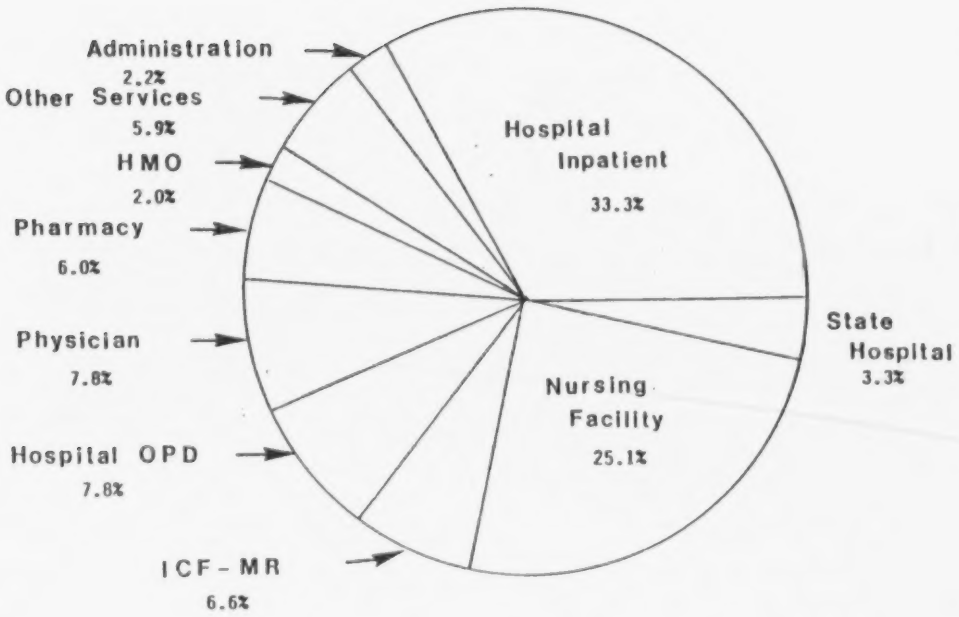
Due to data processing limitations, all data for Program expenditures cannot be merged into one computer file. Payments for certain services are handled administratively and therefore reported differently. Data on these services are not included in any of the tables shown in this report. These services include: premiums for buy-in of Medicare-Part B ($7,966,377) and; payments for general transportation services ($5,476,618). Capitation payments for health maintenance organizations ($16,453,929) are included in several tables. Administrative costs for the Program were $17,620,391.

The remaining $758,881,991 in service payments are detailed in the tables in this report. This is the first year that a full year's payments for State chronic care facilities, State mental facilities and State Intermediate Care Facilities for the Mentally Retarded (ICF-MR) are included in service payments. For that reason, some tables have been adjusted to reflect the inclusion of these data.

Total Program expenditures will show a significant increase over past years due to the inclusion of state facility data (in all tables) and HMO expenditures (in some tables). In particular, hospital inpatient expenditures show a significant increase over past years due to a large carry-over of unpaid billings from fiscal year 1985.

Figure 3 shows Program expenditures for fiscal year 1986 by major service category. Institutional care still accounts for over three quarters of Program spending.

Figure 3
MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS
Fiscal Year 1986



Service	Payments
Hospital Inpatient	$268,628,325
State Hospital	26,881,139
Nursing Facility	202,774,487
ICF MR	52,841,668
Hospital Outpatient	63,079,477
Physician	62,488,765
Pharmacy	48,484,624
Health Maintenance Organization (HMO)	16,453,929
All Other Services *	47,146,501
Administration	17,620,391
Total **	$806,399,306

* Includes dental, home and community health, general transportation, and special services; and premiums paid for buy-in of Medicare Part B.

** Payments for State hospitals and ICF-MR were not previously included in this figure.

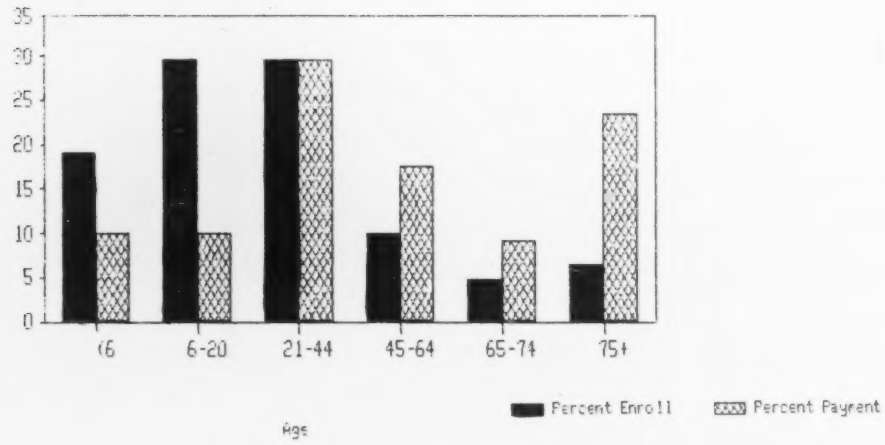
Figure 4 compares enrollees and payments by various characteristics. Females made up 63.0% of enrollment and accounted for 63.7% of expenditures. Although white enrollees represented 36.7% of the eligibles, they accounted for 53.0% of total payments in fiscal year 1986. Primarily as a result of elderly white females who have become eligible for Medicaid while residing in nursing homes, expenditures for white females have historically accounted for a high percentage of total payments, making other groups appear under-represented. Comparisons by age show that those under 21 years of age accounted for 49.0% of enrollees but only 19.8% of payments. Enrollees 75 years and older represented only 6.5% of the total eligibles, but accounted for 23.6% of total payments. Analysis by eligibility category shows that AFDC recipients represented 60.9% of all enrollees but accounted for just 23.8% of Program payments. The Medically Indigent aged, blind and disabled eligibles (MI-SSI) accounted for only 5.4% of enrollment but for 33.7% of Program payments.

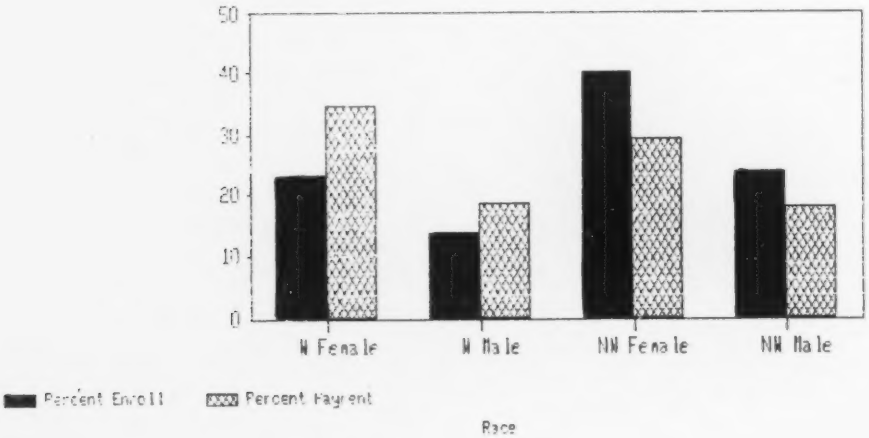
Additional information on the characteristics of all persons who were enrolled in Medicaid at some time during the fiscal year is presented in Table 33. These data include both the Medical Assistance and Pharmacy Assistance programs, and show the total number of persons eligible and the basis of their eligibility.

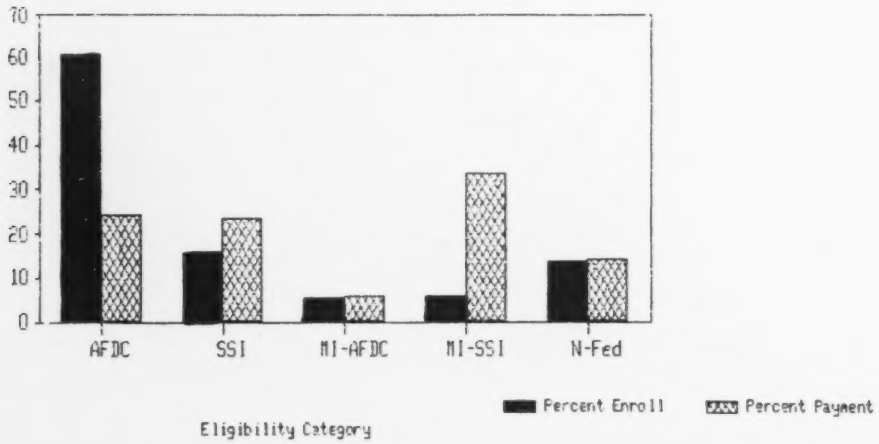
SERVICES

A broad range of services is offered to Maryland Medical Assistance Program enrollees. The federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services; physician and nurse midwife services; laboratory and X-ray services; skilled nursing facility services; home health care for adults; family planning services; early and periodic screening, diagnosis and treatment services for children; transportation services; and rural health clinic services. The federal government also participates in funding the following optional services which Maryland provides: long-term intermediate nursing care; dental care; vision, podiatry and clinic care; pharmacy, medical supplies and equipment; health maintenance organizations, medical day care; personal care; services for individuals age 65 or over in institutions for mental diseases; intemediate care facilities for the mentally retarded; and other treatment services. A more detailed description of these services follows, along with a discussion of recent changes in the provision of services.

Figure 4
MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT AND PAYMENTS BY
SELECTED CHARACTERISTICS
Fiscal Year 1986







HOSPITAL SERVICES

Fiscal year 1986 was the ninth year of the "Medicare Experiment" under which the Maryland Medical Assistance Program, Medicare and other payers reimburse Maryland hospitals according to rates approved by the Maryland Health Services Cost Review Commission. These rates are prospectively determined and are constructed so that the Program assumes a portion of each participating hospital's bad debt based on Medicaid inpatient utilization. The Program participates in the experiment by means of a waiver granted by the Health Care Financing Administration. The waiver has been renewed on the condition that the State meet certain criteria, the most important of which is that the State reimburse hospitals a lesser amount under the experiment than it would reimburse using Medicare's reimbursement system.

An administrative improvement was implemented during the fiscal year, permitting qualified kidney disease care hospital providers serving Medicaid chronic disease patients, to submit their billing directly to the Medical Assistance Program, rather than to the State's Kidney Disease Program. This provision became effective August 12, 1985.

At fiscal year's end, certain Program modifications were being considered for implementation in the next fiscal year. One would add the coverage of medically necessary speech pathology services to hospital services. Another would provide for the coverage of inpatient psychiatric services for recipients under age 21 in hospitals licensed as Special--Psychiatric or Special--Mental. Also being considered was a provision to pay for administrative days in hospitals at less than the full rate.

During fiscal year 1986, payments were made for approximately 557,000 days of hospital inpatient care at a cost to the Program of $268.8 million. The average cost per day of $482.96 was 8.5% higher than the fiscal year 1985 average of $445.04. Payments to state chronic and mental hospitals totalled $26.9 million for roughly 165,000 days of care. (See Table 25 for detailed information on all hospital inpatient payments.) The Program paid $63.1 million for approximately 338,000 hospital outpatient visits and 207,000 emergency room visits in fiscal year 1986. The average payment of $109.86 per visit was 18.9% higher than the fiscal year 1985 average of $92.36 per visit. (See Table 27 for detailed information.)

NURSING FACILITY SERVICES

Nursing facility services are covered for medically and financially eligible recipients. A recipient must be certified by the Program's Utilization Control Agent as requiring either an intermediate or skilled level of nursing care. Services are available in hospital-based and free-standing nursing facilities. The reimbursement rates for care provided in each of the six hospital-based facilities are partially determined by the Health Services Cost Review Commission, while rates for free-standing facilities are set by the Program using a system implemented in fiscal year 1983. As a result of legislation enacted by the General Assembly during the 1985 session, hospital-based facilities are now being phased into the free-standing reimbursement system over a period of four years.

Under the reimbursement methodology for free-standing nursing facilities, separate reimbursement ceilings are set for four cost centers and are based on the size and geographic location of each nursing facility. These cost centers are: administrative/routine services; direct nursing services; other patient care; and capital facility investment. Payment for nursing care is based on the level of care required by each patient.

The Program paid $202.8 million for 5.2 million days of nursing facility care in fiscal year 1986 compared to $194.6 million for about the same number of days of care in fiscal year 1985. The average cost per patient day in fiscal year 1986 was $38.88, 3.7% higher than the fiscal year 1985 average of $37.50. Payments from patients' own resources in fiscal year 1986 accounted for an average of $11.55 per day, about the same as the average of $11.51 in fiscal year 1985. (See Tables 19 and 26 for detailed information)

In addition to nursing facility services, the Program also paid $52.8 million for 500,000 days in State Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Average cost in these facilities was $100.68 per day.

PHYSICIAN SERVICES

Physician services covered by the Maryland Medical Assistance Program are divided into two major categories: services rendered in the office, nursing home, home or free-standing clinic; and services provided in the hospital.

During fiscal year 1986, several Program changes were made which had a substantial impact on the physicians program. The clinic program was expanded to include new clinic designations and local health department clinic providers were added.

Effective August 12, 1985, free-standing dialysis facilities began to bill the Program directly for services provided to those Medicaid recipients who are not covered by Medicare. Prior to this date, the Kidney Disease Program had acted as the billing intermediary.

The sudden and sharp increase in malpractice insurance rates for all physicians and for Nurse Midwives during fiscal year 1986 has caused considerable concern to the Program regarding access to private care for recipients. Obstetricians, in particular, were subjected to a 95% rise in premiums during the year. In an effort to assure access for pregnant patients and continuity of care throughout pregnancy and delivery, the Program responded with an emergency increase in reimbursement for obstetrical care. This was effective March 1, 1986. In fiscal year 1987, a second fee increase was granted.

In fiscal year 1986, the Progam paid a total of $62.5 million for services reimbursed under the physicians program, 19% greater than fiscal year 1985 payments. The Program spent $33.2 million for 890,000 home, office, and nursing home visits in fiscal year 1986 compared to $26.8 million for approximately 824,000 visits in fiscal year 1985. The cost per visit, including ancillary services and Medicare deductible and coinsurance, increased 15.7% from $29.63 in fiscal year 1985 to $34.29 in fiscal year 1986. Payments for physician services provided in the hospital increased by 14.4%, from $25.7 million in fiscal year 1985 to $29.4 million in fiscal year 1986. (See Tables 21 and 22 for detailed information.)

FREE-STANDING CLINIC SERVICES

The Program covers ambulatory services provided by two different types of free-standing clinics. These clinics fall into two broad areas: primary care and specialty services. Primary care service clinics include community health centers, children and youth, local health department, family planning, refugee, and rural health clinics. Specialty service clinics include abortion, mental health outpatient, mental health rehabilitation, and drug abuse (methadone maintenance) clinics.

Community health centers, mental health rehabilitation clinics, and free-standing hospital clinics were added to the clinic program in fiscal year 1986 by State regulations. Children and youth clinics, already administratively a part of the clinics program, were transfered for purposes of financial accountability from the hospital

program to the clinic program, and fiscal year 1986 was the first full year in which local health department clinics utilized regular Program billing procedures. These additions and changes constitute programmatic and financial expansion of the free-standing clinic program during fiscal year 1986 in the interest of supporting cost-effective services.

Payments to clinic providers enrolled in the free-standing clinic program in fiscal year 1986 totaled $9.9 million.

NURSE-MIDWIFE SERVICES

Since January 1983, the Program has reimbursed independently practicing, certified nurse-midwives who provide care for uncomplicated pregnancies and who have agreements with physicians to assume care for cases in which complications develop. As of June 30, 1986, eleven nurse-midwives were approved to participate as Medicaid providers. In fiscal year 1986, the Program paid a total of $11,213 to nurse-midwife providers which represented 9 hospital deliveries, 9 birthing center deliveries, and 279 maternity related visits. There were no home deliveries billed to the Program during fiscal year 1986.

PHARMACY SERVICES

Maryland Medical Assistance recipients may obtain prescription drugs and certain other items such as insulin, hypodermic syringes and needles, family planning products, and specially formulated nutritional preparations when prescribed by a physician, dentist, or podiatrist. Recipients who qualify for Medicaid through a state-only eligibility category are responsible for a copayment of $.50 for each prescription filled except for drugs or devices which are related to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or family planning. Copayments are not required from recipients in federal eligibility categories.

The Program maintains selected lists of drug products, which are continually updated to reflect the reimbursement status of specific drugs. These lists and updates are distributed to all affected providers. As a cost savings measure that does not affect the quality of services given to recipients, the Program instituted a list of approved interchangeable multiple source drugs for which maximum reimbursement is set at an Interchangeable Drug Cost (IDC) - the lowest price at which the addressed drug products can be guaranteed available throughout the state. This methodology of pricing became effective June 1, 1985. As of June, 1986, 173 drug products were addressed.

Other drug listings maintained by the Program focus on special reimbursement policies set for highly utilized drug products purchased in larger package sizes; highly utilized drug products for which the Health Care Financing Administration has set maximum reimbursement rates; and those drug products which have been determined by the Federal Food and Drug Administration to be ineffective and hence not reimbursed under Medicaid.

The Medical Assistance Program paid $48.5 million for 3.2 million prescriptions in fiscal year 1986, an average of $14.90 per prescription. This was an increase of 4.5% over the $14.26 average cost per prescription in fiscal year 1985 (See Table 23 for detailed information).

The prescription dispensing fee during fiscal year 1986 was $3.45 with an addition of $.07 for each paid claim submitted by tape.

HEALTH MAINTENANCE ORGANIZATION SERVICES

Maryland Medical Assistance recipients have the option to obtain all of their medical care from a single group of health care providers at one location by voluntarily enrolling in one of five Health Maintenance Organizations under contract with the Program: Johns Hopkins Health Plan, Chesapeake Health Plan, Constant Care Community Health Center, West Baltimore Community Health Care Corporation and Health Care Corporation of the Mid Atlantic. Participating HMO's agree to provide complete health care for its enrollees, including inpatient, health appraisals and maintentance, and emergency services, in exchange for a pre-paid monthly capitation fee. The pre-paid HMO program emphasizes preventive health care, accessibility and continuity of care, in contrast to episodic care.

During fiscal year 1986, HMO services were available at 19 primary care site locations within the Baltimore City area and two in Prince George's County, 10 more sites than the previous year. The addition of these new sites was due in part to the implementation of a federal demonstration project which allows extended eligibility benefits for certain classes of recipients enrolling in Johns Hopkins and Chesapeake Health Plans.

The Program paid $16,453,929 in capitation payments to HMOs at an average monthly cost of $76.37 per enrollee. The average enrolled population of 17,953 represented a 19% increase over the previous year. HMO enrollees in Baltimore City represented nearly 10% of the Medical Assistance population in Baltimore City.

DENTAL SERVICES

Comprehensive dental services, including orthodontics. are covered for all Medical Assistance recipients under twenty-one years of age. (See EPSDT Program). Recipients who are twenty-one years of age or older are eligible to receive services for the treatment of dental emergencies (pain, infection, hemmorhage, traumatic injury) and other specified services. Certain dental procedures require preauthorization.

For fiscal year 1986, the dental program spent $4.7 million to provide services to nearly 76,000 Medical Assistance recipients. (See Table 29 for detailed information).

HOME AND COMMUNITY HEALTH SERVICES

Home and community health services are rendered by home health agencies, medical day care providers and personal care providers.

Reimbursable services provided by home health agencies include skilled nursing, home health aide, physical therapy, occupational therapy, speech pathology and medical social services. Recipients of home health services must be certified as homebound by their attending physicians who order the type, frequency and duration of services to be provided. Services are covered only if they are necessary on a part time, intermittent basis. Twelve new agencies enrolled in the Program in fiscal year 1986 while six disenrolled, bringing the total number of participating agencies to eighty-seven.

Medical day care services are provided to recipients whose physicians order the care and who are certified by the Program's utilization control agent as requiring at least intermediate level nursing care. Medical day care recipients are transported to licensed adult day care centers where nursing and social work services, personal care, nutrition services, habilitation therapies and activities are provided on an outpatient basis for up to five days a week. In fiscal year 1986, there were 46 medical day care centers serving Maryland Medical Assistance recipients in fourteen counties, Baltimore City and Washington D.C.

The Program reimburses for personal care services provided to chronically ill or disabled recipients who are under the care of a physician and require assistance at home with activities of daily living. Services may be performed by a friend of the recipient and are monitored by a registered nurse. The objectives of the program are to prevent patient deterioration, to delay institutionalization, and to prevent inappropriate institutionalization.

Personal care services are provided in accordance with the needs of each patient. Generally, the services may include: basic assistance with dressing, grooming, toileting, self-administered medications, food, nutrition, and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services, nor services primarily for housekeeping.

Total payments to home and community health services providers were $13.4 million in fiscal year 1986. Home health agencies were paid $3.9 million for services provided to roughly 3,505 persons, an average of $1,133 per recipient. Medical day care providers were reimbursed a total of $4.0 million for rendering approximately 124,600 days of care to about 950 recipients. The Program paid an average of $32.13 per day and an average of $4,014 per recipient. Total payments for personal care services in fiscal year 1986 were $5.5 million for approximately 480,524 services provided to an average of 1,934 recipients. This represents an average of $2,844 per recipient for the year (based on approximately 240 days of personal care services, or 20 days per month, plus 12 months of case management services). During fisal year 1986 payments were up over fiscal year 1985 by 18.2% for home health; 43.0% for medical day care; and 37.5% for personal care. In addition, $4.6 million was spent on home and community based services for waiver recipients. (see Other Services and Table 30 for additonal information)

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program covers comprehensive health care services which are designed to detect physical and mental health problems and provide necessary follow-up care to Medical Assistance recipients under 21 years of age. Federal regulations require the Program to assure the availability and delivery of EPSDT services within a specified period of time to all eligible recipients who request them. Screening services, which are provided by twenty-two local health departments, five health maintenance organizations, four children and youth clinics, and other approved providers may include: a physical examination; laboratory tests; immunizations; hearing, vision, developmental, speech and language screening; a dental checkup; and various other screening procedures. Diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Maryland Medical Assistance Program.

To increase the availability of EPSDT services throughout the State, the Program continued to recruit physicians in the private sector. During fiscal year 1986, 297 offices and clinics, representing 310 physicians, participated as private EPSDT providers. Departmental staff are responsible for recruiting, training, and monitoring the quality of care rendered by these providers.

In addition to the provision of EPSDT screening and treatment services, EPSDT federal regulations mandate that eligibles receive certain administrative services such as outreach and case management to ensure all eligibles are informed about EPSDT as well as receive assistance in obtaining the necessary services. In 1985, new federal EPSDT regulations allowed states the flexibility to develop innovative outreach and case management activities in order to respond to the special health needs of their eligibles. Accordingly, the Department issued an "Invitation for Grant Application" to each local health department throughout the State to identify one or more groups in their eligible population needing special assistance in obtaining preventive health care services. Each jurisdiction responded to this invitation and submitted grant proposals which identified their high risk health groups for intensive targetted outreach and case management efforts.

During fiscal year 1986, $1,531,000 was awarded in EPSDT grants to 24 local health departments and one private grantee, Johns Hopkins University School of Medicine. Targeted high risk groups such as newborns, chronically ill, foster care, adolescents, high cost users, and children with no ambulatory health care were selected for innovative interventions. Various strategies were developed to reduce high cost and fragmented medical services.

The Program paid for a total of 44,332 screenings in fiscal year 1986. Local health departments were reimbursed $398,362 for 12,137 screenings. Private providers and health maintenance organizations performed 27,465 screenings at a cost of $892,708. The five children and youth clinics in Baltimore City, which provided 4,700 screenings, were reimbursed $187,990. Total EPSDT payments were $1.5 million.

SPECIAL SERVICES

- Disposable Medical Supplies and Durable Medical Equipment - The Program pays for the purchase of certain disposable medical supplies and the rental, purchase or repair of durable medical equipment. Coverage for prosthetic devices, including the eye, breast and limbs, was added effective June 1, 1986. Preauthorization

must be obtained for most disposable medical supplies or durable medical equipment costing more than $60 or renting for more than $15 per month.

- o Medical Laboratory Services - The Program reimburses independent laboratories, portable x-ray services, and other diagnostic services for procedures ordered by a physician, podiatrist or dentist. Laboratory services rendered by physicians or podiatrists in their own offices for their own patients are reimbursed through the physician or podiatry program.

  Laboratory fees for 105 procedures were lowered during fiscal year 1986 to ensure Program compliance with Section 2303 of the Federal Deficit Reduction Act of 1984 which states that state Medicaid Programs cannot claim federal matching funds for payments for labortory services which are in excess of the Medicare fee schedule. Laboratory fees for 274 procedures were raised in fiscal year 1986 using funds which resulted from the savings realized from the lowering of the other 105 procedure fees.

  Adoption of the Medical National Fee Schedule Cap for laboratory services as the maximum reimbursement limit for Medicaid is scheduled for fiscal year 1987.

- o Oxygen and Related Respiratory Equipment - The Program pays for liquid and gaseous oxygen systems, oxygen concentrators, and related respiratory equipment in a patient's home or a nursing home. All of these items must be preauthorized.
- o Physical Therapy Services - The Program covers medically necessary physical therapy services ordered by a physician, podiatrist or dentist when provided in the recipient's home, therapist's office, or domiciliary care facility.
- o Podiatry Services - The Program covers medically necessary services rendered in the recipient's home, the podiatrist's office, a nursing home, a hospital, or a free standing clinic. Routine foot care is only covered for recipients who are diabetic or who have peripheral vascular disease. Specific surgical procedures are subject to post-operative review. Podiatry services were provided to roughly 15,000 recipients during the fiscal year.
- o Transportation Services - There are two categories of transportation services available to enrollees. The ambulance and wheelchair van program covers non-emergency trips to and from hospitals by ambulance and wheelchair van. Some services, such as transportation for hospital outpatient visits and one way trips exceeding 20 miles, must be preauthorized. About 11,400 recipients received this service during fiscal year 1986.

The general transportation program pays providers for the actual cost of transporting Medical Assistance recipients to and from health appointments by taxis, buses and mini-vans. Providers include local health departments, hospitals, and community groups.

- o Vision Care Services - Examinations and eyeglass services rendered by optometrists and opticians are covered for recipients of all ages. Ophthalmologists are reimbursed through the physicians program. Other diagnostic and treatment services also are available. Providers must obtain preauthorization for vision care services not covered under the Medicare program. About 57,000 recipients received services during fiscal year 1986.

(For detailed information regarding each of the special services described above see Tables 24 and 31.)

OTHER SERVICES

- o Community Placement Program - The community placement program (CPP) is a systematic approach to meeting the long-term health care needs of Medical Assistance enrollees. CPP services are provided to recipients who live in the community, have long-term care needs and are at risk of institutionalization; and to recipients who are candidates for discharge from nursing homes but require health services to return to the community. CPP services include a needs evaluation, the development of a plan of care, placement and follow-up. During fiscal year 1986 Baltimore City and Baltimore, Dorchester, and Caroline counties received CPP grants.
- o Geriatric Evaluation Services - The geriatric evaluation services (GES) program provides a multi-disciplinary assessment of the needs and resources of elderly persons considered for admission to a mental hospital or other long-term care facility. GES is managed by the Office of Services to the Aging, under the Department of Health and Mental Hygiene's Preventive Medicine Administration, and is provided through the State's local health departments. Under the program, health and social assessments of aged persons at risk of institutionalization are performed and assistance is provided to patients, physicians, and other care-givers to implement treatment recommendations.

Currently, GES is available in every local health department in the state. During fiscal year 1986, a total of 6,970 evaluations and consultations were made by GES teams. Of that total number of evaluations, 1,448 (20.7%) were for Medical Assistance eligibles.

- o Community-Based Services Waiver - In fiscal year 1986, the Medical Assistance Program, working in conjunction with the Mental Retardation and Developmental Disabilities Administration, continued a deinstitutionalization program for eligible mentally retarded individuals. The endeavor is made possible by the federal government's waiving of certain regulations which allows the State of Maryland to use federal funds to pay for community based services in place of institutional services for those eligible persons whose needs could be more appropriately served in a community setting.

  The goal of the waiver is to serve 716 eligible mentally retarded recipients by the end of the third year of this program, in a community based setting at a cost equal to or less than their care in the institution. By the end of fiscal year 1986, 444 former residents of State residential centers were placed in communities statewide. Expenditures for those residents in the community were $4.6 million. (See Table 30 for additional data).
- o Model Home and Community-Based Services Waiver - The State of Maryland received federal approval effective January 1, 1985 for a Model Title XIX Home and Community-Based Services waiver. This waiver of federal regulations is designed to provide services at home to a group of 50 chronically disabled children requiring intensive skilled nursing services, and who are often dependent on medical technology not generally available outside of an institutional setting. Entitlement to services is limited to those individuals for whom the cost of Medicaid reimbursed institutional long term care would exceed the cost of home and community based services.

PROGRAM CONTROLS

MEDICAID QUALITY CONTROL

The primary objective of the Medicaid Quality Control (MQC) system is to measure, identify and eliminate or reduce dollar errors within the Medicaid Program. Through MQC findings, Medicaid management is provided with meaningful information on the causes of case and payment error in Medicaid eligibility. This information, in addition to other data analysis, is used by the Program in assessing problem areas and developing corrective actions deemed necessary to correct the errors.

The Health Care Financing Administration (HCFA) established a Medicaid eligibility payment error rate of 3 percent for all states receiving federal Medicaid funds. This 3 percent error rate is utilized to reduce erroneous Medicaid expenditures. Maryland's actual Medicaid payment error rate for the October 1984 through September 1985 period was 3.2536 percent. Therefore, in order to avoid a .2536 percent reduction in Federal funds, MQC will prepare a request for a waiver of the disallowance to show that Maryland made a good faith effort in meeting the national standard.

RECOVERIES

The Maryland Medical Assistance Program recovers money spent on behalf of recipients from sources allowed by federal or state law. These sources include health insurance, tort liability (automobile and personal injury settlements), workmen's compensation, estates, paternity/child support, provider refunds, and recipient fraud. Additional sources of recoveries are medical malpractice, lead paint poisoning liability, and the breach of public charge bonds required by the U.S. Immigration and Naturalization Service.

During fiscal year 1986, collections were $8,092,051. An additional savings of $37,628,429 resulted from cost-avoidance activities composed of Medicare Part B collections and voluntary accession of health insurance benefits by providers.

Conversion of the health insurance recovery system from post-payment recovery of expenditures ("pay-and-chase") to prepayment denial of claims with probable insurance coverage ("cost-avoidance") was completed late in fiscal year 1986. This change requires private health insurance payment for services rendered to insured Medicaid recipients before the Program pays. The change is expected to increase revenue from health insurance carriers and decrease Program expenditures.

PREAUTHORIZATION

An important cost control measure is the preauthorization of many services by the Program or its agent before reimbursement is made. All non-emergency inpatient hospital services are preauthorized by the Program's Utilization Control Agent. Cosmetic or obesity surgery, durable medical equipment, supplies and prescription drugs costing more than $60.00 require preauthorization. In addition, certain or all of the services in the dental, vision care, oxygen, hearing aid, podiatry, physical therapy and ambulance and wheelchair van programs must be preauthorized before being submitted by the provider. The number of services preauthorized in fiscal year 1986 exceeded 158,000.

FRAUD INVESTIGATIONS

The Maryland Medical Assistance Program investigates cases of suspected fraud by Medicaid recipients. Recipient fraud may result from the failure to report income or resources, the use of Medicaid cards by ineligible persons, or the forging of prescriptions. Referrals of possible fraud come from providers, local departments of social services, police, and citizens. Detection of possible fraud also results from internal reviews.

Listed below are details concerning the status and number of fraud investigations in fiscal year 1986.

Completed investigations	548
Referrals to the State's Attorneys	70
Successful prosecutions	32
Cases pending with the State's Attorneys Offices	13
Cases pending at end of FY 1986	448
Recoveries	$103,833

The Maryland Medical Assistance Program also provides logistical support in supplying invoices and other data to the Medicaid Fraud Control Unit in the Office of the Attorney General, which has responsibility for the investigation of alleged provider fraud.

ABUSE INVESTIGATIONS

The Medical Assistance Program investigates cases of possible abuse by providers. A 100% prepayment review of hospital inpatient invoices is conducted to validate the utilization control agent's approvals of admissions and lengths of stay. Treatments and procedures are reviewed to determine if the services are covered by the Program and if the treatments are appropriate for the diagnoses.

Provider-specific review is conducted on the basis of computer generated exception reports. If abuse is suspected, all invoices from the provider are reviewed and medical records are requested and reviewed. If abuse is confirmed, the case is fully developed and administrative action, including recovery of funds and imposition of sanctions, may be taken. Additionally, the case may be referred to the provider's peer review group or to the Commission on Medical Discipline. If fraudulent activities are suspected, the provider is referred to the Medicaid Fraud Control Unit in the Attorney General's Office for an investigation and possible prosecution.

Explanations of Medical Benefits (EOMB) are sent monthly to approximately 800 recipients to verify that the services paid for by the Program have been received. The EOMB lists the services paid for the recipient in the preceding month and requests confirmation that the services were received. If the recipient denies receiving the service, the provider is questioned concerning the service. Undocumented services are not acceptable and payment is recovered.

RECIPIENT CASE MANAGEMENT PROGRAM

The Maryland Medical Assistance Program investigates cases of abuse or inappropriate utilization of Medical Assistance benefits by Medicaid recipients. Recipient abuse may result when a recipient uses an inappropriate type of provider for care, uses an appropriate provider in an inappropriate manner or at inappropriate frequencies, or uses emergency rooms or outpatient clinics for primary care.

The Recipient Case Management Program was instituted during fiscal year 1983. On August 22, 1984 regulations were enacted to facilitate and refine the program's operation.

Computer-generated reports are used to identify recipients with payment histories suggesting abuse. These recipients are interviewed and counseled. If abuse continues, each recipient is restricted to the use of one primary provider for a six-month period. Continued abuse will result in an additional one year restriction. Three hundred and seventy-seven recipients were restricted during fiscal year 1986.

The Program continues to refine and improve its operations. Amendments to the physicians services regulations, codified on October 1, 1985, address the Program's relationship with providers rendering services to restricted recipients. These amendments define the case management concept, establish conditions for physician participation and set forth payment procedures for participating physicians.

PHYSICIAN REFERRAL SERVICE

In July 1984, the Program implemented a toll-free telephone Physician Referral service to assist recipients to find HMOs and physicians in their neighborhoods who are willing to accept Medicaid patients. The objective of the referral service is to divert Medicaid recipients from the hospital emergency rooms and outpatient clinics that many rely upon as a source of primary care.

Initially, the Program conducted surveys to establish which physician providers were interested in enlarging their Medicaid office practice. Those who wished to receive referrals were asked to provide their names, office addresses and phone numbers. Nearly 1,400 practice locations are now in a special computer file that enables a Program telephone operator to identify the physicians in a given ZIP Code, and by physician specialty within a ZIP code, in response to a request from a Medicaid recipient.

In fiscal year 1986, 2,707 physician referrals were provided in response to recipient calls. In two years of operation, the referral service has provided over 6,000 referrals. In some cases recipients requested the name of a pediatrician or gynecologist as well as a general practitioner. One or more referrals have been made to almost 60% of the practice locations on file, with several physicians receiving more than 50 referrals since the inception of the Program.

Medicaid recipients were initially notified of the Physician Referral Service by means of a general mailing. Reminders will be sent periodically, and other forms of notification will be on-going, to assure that recipients remain aware of the availability of this service.

MEDICAID MANAGEMENT INFORMATION SYSTEM

The Maryland Medical Care Programs' Medicaid Management Information System (MMIS) was approved for certification as of March 31, 1985, having met all of the objectives and requirements set forth in the Department of Health and Human Services' Health Care Financing Administration's (HCFA) general system design. The Maryland MMIS has been involved in its first System Performance Review (SPR) as required by federal regulations. The HCFA Regional Office began the SPR in April, 1986.

The Maryland MMIS is a sophisticated, dynamic and highly integrated complex of data processing systems. Throughout fiscal year 1986, the Program made changes and enhancements to the various systems within MMIS. Many time consuming manual processing activities have been automated; many new federally mandated forms and invoices have been implemented for use; and informational capabilities have been expanded within the system, allowing faster more up-to-date information on claims, providers and recipients.

The Program is now soliciting bids to award a contract for our first comprehensive major Medicaid Review and Evaluation Project (MREP). This project will thoroughly review the present MMIS and its supporting functions and activities, conduct special analyses of federally funded Medicaid applications, prepare and present alternatives

following analyses of review; including cost justification, personnel considerations and consolidated scheduling, along with offering other recommendations. The Program will participate in the MREP Task Force during the research and deliberation stages, prepare Advance Planning Documents where indicated, and initiate Requests for Proposals (as required) as a result of the MREP Task Force decisions.

PROGRAM TRENDS

Annual Program spending is a function of three variables: the number of enrollees eligible to receive services; the utilization of services; and the cost per service. The relative contribution of these variables to total Program expenditures has fluctuated over time. The following tables show where changes have occurred in total expenditures, unit cost for services and use of services over a five-year period.

Displayed on Table A is the average yearly enrollment for the past five fiscal years. In fiscal year 1986, enrollment was up very slightly from fiscal year 1985. Until fiscal year 1986 there had been a gradual decline in average enrollment since fiscal year 1981.

Total Program payments by major service category for the five-year period are shown on Table B. Unlike other totals shown in this publication, these figures do not include Medicare payments for deductibles and coinsurance and do not reflect credits and collections received. These figures more clearly reflect unadjusted costs to the Medicaid Program for purposes of comparison over time.

In fiscal year 1986, total Program expenditures increased very dramatically over the past year, by nearly 27%. Part of the increase was due to the inclusion of a full year's State hospital payments of $78.6 million. Omitting State hospital expenditures, the total overall increase in Program payments was roughly 19.1%. Directly affecting this overall increase in expenditures was the payment of a considerable carry-over in inpatient billings from the previous fiscal year. With the implementation of the DRG-based day limit system in January 1985, many billings for fiscal year 1985 services were not processed until fiscal year 1986. This delay resulted in a decrease in expenditures for hospital inpatient services in fiscal year 1985, and consequently, a large increase in fiscal year 1986 expenditures.

The average yearly increase in inpatient general hospital expenditures from fiscal year 1984 to 1986 has averaged about 10% per year. Payments to special hospitals have continued to increase, but at a slower rate than previously. Payments to nursing facilities again increased only slightly over the past year. Since payments to State chronic hospitals, mental hospitals and ICF-MRs were first reported in fiscal year 1985, changes in payments over time are not yet available.

Hospital outpatient (OP) services were one of two service types showing a decline in payments over the past year. Outpatient services were down nearly 1%. This is due in part to the administrative transfer of certain hospital-based clinics to the physicians program. Expenditures for OP, however, have shown a gradual decrease in growth over the past several years.

Payments to physicians in hospitals increased 14.5% and payments to physicians in office, home and nursing home increased 5.9%. If clinic service payments are included in the physician office, home and nursing facility program, the increase in expenditures for that program is closer to 24%. Clinic expenditures under the physicians program more than doubled from almost $4 million in fiscal year 1985 to $8.6 million in fiscal year 1986.

Pharmacy payments were up 10.4%, less of an increase than in past years. Dental services were down nearly 11% over the past year.

In one of the fastest growing segments of the Program, expenditures for home and community services increased 77.2% over last year. Part of this increase is attributed to added coverage of "waiver" services for deinstitutionalized individuals.

With regard to unit cost for services, Table C shows trends over the past five fiscal years. The cost per day in an acute general hospital bed was up 5.7% over fiscal year 1985, slightly less of an increase than in the previous year. The increase in cost for an outpatient visit was up almost 19%, due in part to the transfer of some of the less costly OP clinic visits to the physicians program. The increase in cost per nursing facility day was a moderate 3.7% over the cost in the past fiscal year. The average cost per inpatient service billed by physicians was up only 2.2%, but the cost per office visit was up 36.2%. The inclusion of dialysis services and an increase in some clinic rates contributed to this increase. The cost per pharmacy invoice increased 4.1%, less of an increase than seen in past years. The cost per dental service was down 11.2% over fiscal year 1985.

To measure changes in utilization of certain services the number of services used per enrolled individual has been calculated. In Table D, this shows average utilization has remained fairly constant, though some changes are evident as a result of shifts in reporting Program expenditures.

Hospital days reported showed considerable increase in utilization over fiscal year 1985, largely a result of the number of 1985 days paid during fiscal year 1986. Utilization in fiscal year 1986 was only a little above the fiscal year 1984 level indicating

that utilization has remained fairly constant. Nursing facility days decreased very slightly on a per enrollee basis. As a result of the shift of some clinics from the hospital program to the physicians program, utilization was down for OPs and up for physicians. The increase in physicians in-hospital utilization is due to their now billing for services previously included in hospital costs.

It is important to note that the large increase in Program expenditures for fiscal year 1986 does not represent as dramatic a trend as the numbers suggest. The addition of reporting expenditures for State hospitals and the timing of payments for fiscal year 1985 inpatient services have inflated these costs artificially. The administrative changes in reporting outpatient hospital services and physician services also skew the figures. The very large increase in payments for home and community services (77.2%) should be measured against the nursing home expenditures (+4.1%). As shown in Table B, increases in nursing home costs have slowed significantly which can probably be attributed at least partially to the growth in home and community-based services.

Adding to the increase in inpatient utilization during fiscal year 1986 was a change in billing procedures involving newborns. Midway through the fiscal year, expenditures for newborns began being handled separately from that of the mother, thereby increasing counts of days, discharges and recipients. This will be reflected in the tables which follow. Analyses performed on inpatient data indicate that in spite of the fiscal year 1986 increases, service utilization patterns have remained relatively constant over the past few years.

Table A

AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1982-1986

FISCAL YEAR	AVERAGE MONTHLY ENROLLMENT	PERCENT CHANGE
1982	354,309	
1983	351,109	-0.9%
1984	341,622	-2.7%
1985	338,975	-0.8%
1986	341,256	+0.7%
Average Annual Percent Change		-0.9%

Table B

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1982-1986

Type of Service[1]	FISCAL YEAR 1982	1983	1984	1985	1986
Acute General Hospital Inpatient	166,023,750	183,115,004 (+10.3%)	193,152,299 (+5.5%)	186,418,697 (-3.5%)	230,577,078[2] (+23.7%)
Special Hospitals	12,480,930	17,426,100 (+39.6%)	21,883,480 (+25.6%)	25,550,880 (+16.8%)	30,344,986 (+18.8%)
State Chronic & Mental Hospitals	—	--	--	8,499,131 (Partial)	25,778,693
Nursing Facility	139,896,935	161,764,484 (+15.6%)	187,884,075 (+16.1%)	194,576,061 (+3.6%)	202,532,177 (+4.1%)
ICF-MR Facilities	--	--	--	17,956,441 (Partial)	52,841,668
Hospital Outpatient	46,440,190	53,496,354 (+15.2%)	57,452,530 (+7.4%)	60,347,773 (+5.0%)	59,927,034 (-.7%)
Physician Home, Nursing Facility and Office	14,345,873	16,970,432 (+18.3%)	19,053,276 (+12.3%)	20,964,245 (+10.0%)	22,192,662 (+5.9%)
Physician In-Hospital	15,034,272	17,601,299 (+17.1%)	18,454,247 (+4.8%)	21,675,274 (+17.5%)	24,814,362 (+14.5%)
Pharmacy	26,408,324	33,153,476 (+25.5%)	37,869,459 (+14.2%)	43,901,856 (+15.9%)	48,484,624 (+10.4%)
Home and Community Services	2,772,458	4,702,493 (+69.6%)	6,973,754 (+48.3%)	10,154,321 (+45.6%)	17,997,787 (+77.2%)
Dental	5,909,092	5,854,505 (-0.9%)	5,330,982 (-8.9%)	5,359,316 (+0.5%)	4,774,469 (-10.9%)
Other[3]	37,883,906	44,304,303 (+6.7%)	47,287,286 (+6.7%)	53,564,791 (+13.3%)	68,513,375 (+27.9%)
TOTAL	$467,195,730	$538,388,450 (+15.2%)	$595,341,388 (+10.6%)	$622,513,214 (+4.6%)	$788,788,915 (+26.7%)

[1]Totals shown for service types do not include payments for Medicare coinsurance and deductibles nor do they reflect credits and collections. These figures will not match net totals shown in other tables.

[2]A carryover of delayed payments from FY 1985 was responsible for the increase in FY 1986 payments for hospital inpatient services.

[3]Includes payments for clinic services; special services; Medicare coinsurance and deductibles; premiums paid for Part B of Medicare; capitation payments for health maintenance organizations; and payments for general transportation services.

Table C

COST PER UNIT OF SERVICE
Fiscal Years 1982-1986

Type of Service	FISCAL YEAR 1982	1983	1984	1985	1986
Acute General Hospital Inpatient (Day)	$344.73 (+16.7%)	$397.27 (+15.2%)	$436.32 (+9.8%)	$485.24 (+11.2%)	$512.90 (+5.7%)
Nursing Facility (Day)	29.72 (+7.4%)	32.89 (+10.7%)	37.13 (+12.9%)	37.52 (+1.1%)	38.88 (+3.7%)
Hospital Outpatient (Visit)	68.06 (+14.6%)	78.07 (+14.7%)	84.20 (+7.9%)	92.36 (+9.7%)	109.83 (+18.95)
Physician In-Hospital (Service)	16.89 (+4.6%)	19.14 (+13.4%)	23.27 (+21.6%)	23.64 (+1.6%)	24.15 (+2.2%)
Physician Home, Nursing Facility & Office (Visit)	19.12 (+11.4%)	21.17 (+10.7%)	24.72 (16.8%)	25.44 (+2.9%)	34.64 (36.2%)
Pharmacy (Invoice)	9.63 (+14.0%)	11.55 (+19.9%)	13.07 (+13.2%)	14.26 (+9.1%)	14.85 (+4.1%)
Dental (Service)	9.86 (-6.7%)	11.07 (+12.3%)	10.40 (-6.1%)	10.43 (+0.3%)	9.26 (-11.2%)

Table D

AVERAGE NUMBER OF SELECTED SERVICES PER MEDICAID ENROLLEE
Fiscal Years 1982-1986

Type of Service	FISCAL YEAR 1982	1983	1984	1985	1986
Acute General Hospital Inpatient (Day)	1.36 (-12.3%)	1.31 (-3.7%)	1.30 (-0.8%)	1.17* (-10.0%)	1.36* (+16.2%)
Nursing Facility (Day)	13.30 (+6.9%)	14.01 (+5.3%)	14.81 (+5.7%)	15.31 (+3.4%)	15.28 (-0.2%)
Hospital Outpatient (Visit)	1.93 (0.5%)	1.95 (+1.0%)	2.00 (+2.6%)	1.93 (-3.5%)	1.60 (-17.1%)
Physician In-Hospital (Service)	2.51 (+4.6%)	2.62 (+4.4%)	2.59 (-1.3%)	2.70 (+4.2%)	3.38 (+25.2%)
Physician Home, Nursing Facility, and Office (Visit)	2.12 (+14.0%)	2.28 (+7.5%)	2.26 (-0.8%)	2.43 (+7.5%)	2.61 (+7.4%)
Pharmacy (Invoice)	7.74 (+9.3%)	8.18 (+5.7%)	8.48 (+3.7%)	9.08 (+7.1%)	9.53 (+5.0)
Dental (Service)	1.69 (-4.5%)	1.51 (-10.6%)	1.50 (-0.6%)	1.52 (+1.3%)	1.50 (-1.3%)

*A carryover of delayed payments for inpatient days was responsible for both the decrease in average utilization for Fiscal Year 1985 and the increase in average utilization shown in Fiscal Year 1986.

MARYLAND PHARMACY ASSISTANCE PROGRAM

The Maryland Pharmacy Assistance Program (MPAP) was established by legislation passed in the 1978 session of the Maryland General Assembly; the program was implemented on January 22, 1979. The purpose of this 100% State funded Program is to provide help to Maryland residents who are not eligible for participation in the Medical Assistance Program, but who meet the eligibility requirements of the MPAP. The MPAP pays for prescription drugs which are currently declared effective by the Federal Drug Administration; Schedule V cough preparations, prescribed insulin, insulin syringes and needles, contraceptives (except condoms), and certain formulated nutritional preparations when prescribed by a physician. Under this program, each recipient must pay $1.00 for each prescription and each refill, and the State pays the rest.

Eligibility for Pharmacy Assistance is based on the financial resources available to the family unit. A 1985 amendment to the original legislation allows the Program to increase maximum gross allowable income standards annually at the time Social Security benefits are increased, by the larger of either any Social Security cost-of-living percentage increase, not to exceed 8%, or the dollar amount by which the Medical Assistance income schedules are increased by the State. The asset standards for the MPAP are the same as for the Maryland Medical Assistance Program. The following chart shows the gross allowable income and asset standards effective during fiscal year 1986:

MAXIMUM GROSS BASE ALLOWABLE ANNUAL INCOME

NUMBER OF PERSONS IN HOUSEHOLD	July 1, 1985	December 1, 1985	MAXIMUM TOTAL ALLOWABLE ASSETS
1	$ 5,600	$ 5,800	$2,500
2	6,200	6,400	2,600
3	6,750	7,000	2,700
4	7,350	7,600	2,800
5	7,900	8,150	2,900
6	8,500	8,800	3,000
7	9,050	9,400	3,100
8	9,750	10,150	3,200
9	10,400	10,800	3,300
10	11,000	11,500	3,400
Each Additional Person	$600	$600	$100

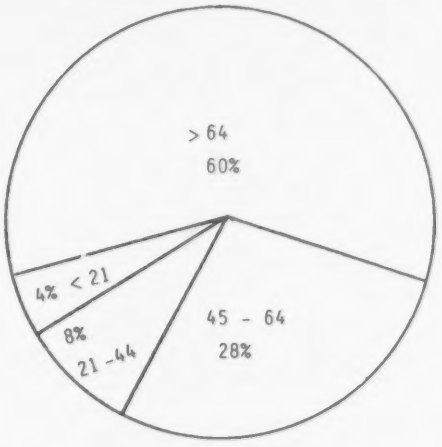
In fiscal year 1986, there was an average enrollment of 13,593 per month. The following information describes the average Program enrollment by residence and selected demographic characteristics. The Program paid $5,110,658 for 308,838 prescriptions, an average of $16.55 per prescription. Table 35 is a summary of the maximum gross allowable income base standards, average enrollment, total costs and number of prescriptions and average cost of prescriptions from fiscal year 1982 through fiscal year 1986.

This is the only section of this publication in which information on the Pharmacy Assistance Program appears. All other information in this report is for Maryland Medical Assistance Program.

AVERAGE MPAP ENROLLMENT BY RESIDENCE - SELECTED CHARACTERISTICS

RESIDENCE OF RECIPIENT	RECIPIENTS
Total State	13,593
Baltimore City	6,104
Total Counties	19,697
Allegany County	466
Anne Arundel County	692
Baltimore County	1,388
Calvert County	65
Caroline County	136
Carroll County	223
Cecil County	184
Charles County	88
Dorchester County	189
Frederick County	229
Garrett County	98
Harford County	251
Howard County	163
Kent County	94
Montgomery County	474
Prince George's County	716
Queen Anne's County	113
St. Mary's County	99
Somerset County	131
Talbot County	97
Washington County	514
Wicomico County	297
Worcester County	114
Cancellations During FY '86	668

SELECTED CHARACTERISTICS



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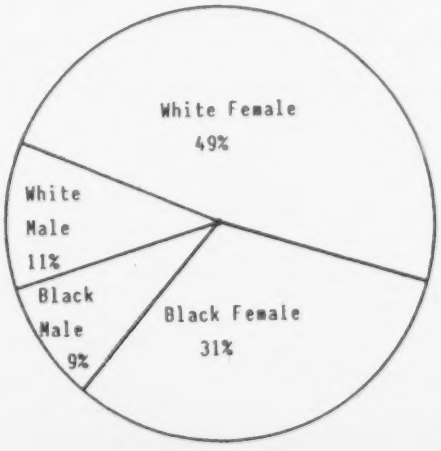

RACE/SEX

TABLES

The following tables give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1 through 17 describe Program payments, enrollees, recipients and services provided by eligibility category, residence and selected demographic characteristics. Tables 18 through 32 provide detailed information about specific services. Table 33 gives summary information on eligibility. Table 34 provides a summary of selected Medicaid Program data over a five year period, and Table 35 shows summary data on the Pharmacy Assistance Program.

Due to a necessary change in source documents used to prepare this report, the formats of some tables have had to be modified and several tables have had to be omitted. HMO payments and recipients of service have been included in Tables 10 - 17. An effort was made to keep tables consistent with the type of information presented in past year reports. Tables showing changes are so noted.

Program regulations allow providers to submit claims as late as twelve months after the date a service is provided. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics represent some services provided in the previous fiscal year.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare program, the number of services provided and the payments made through the Maryland Medical Assistance Program for these persons do not represent all of the health care services they receive. Tables 1 through 17 reflect only the health care services for those aged 65 and over which were paid for by the Medical Assistance Program.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 1. AVERAGE NUMBER OF ENROLLEES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1986

RESIDENCE OF ENROLLEE	All Categories	ELIGIBILITY CATEGORY[1]												
		Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched	
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1	SA
Total State	341,256	19,422	377	35,529	64	216,681	15,257	10	4,273	4,115	9,316	4,689	23,176	7,426	921
Baltimore City	183,570	8,657	265	15,755	35	127,375	3,992	3	1,445	1,863	2,691	1,429	16,930	2,233	397
Total Counties	157,686	10,765	112	19,774	29	88,806	11,265	7	2,828	2,252	6,625	3,260	6,246	5,193	524
Allegany	7,985	358	12	939	3	4,744	568	*	143	24	408	219	158	397	12
Anne Arundel	15,217	783	3	2,105	0	9,197	858	1	275	246	484	232	670	339	24
Baltimore	23,080	1,245	12	3,028	6	13,102	2,328	*	470	279	643	397	939	561	70
Calvert	2,555	143	1	324	*	1,371	143	1	44	69	168	76	96	109	10
Caroline	1,899	246	1	282	0	1,002	154	1	28	22	48	15	42	45	13
Carroll	2,775	245	4	463	0	1,241	329	0	76	65	91	44	95	94	28
Cecil	4,014	172	3	439	0	2,362	190	*	48	75	298	147	103	177	0
Charles	5,191	262	3	565	2	2,906	230	*	89	70	423	127	146	338	30
Dorchester	3,155	460	1	370	0	1,720	206	0	39	30	100	39	71	93	27
Frederick	4,074	275	1	593	0	2,044	367	*	118	84	191	80	157	131	33
Garrett	2,824	137	2	388	3	1,414	172	0	44	19	266	124	51	193	11
Harford	6,334	296	3	771	0	3,785	338	1	89	92	312	164	217	240	26
Howard	2,661	197	3	384	0	914	284	0	76	72	308	194	73	151	5
Kent	1,089	144	3	121	0	516	87	0	21	9	60	28	21	72	7
Montgomery	18,786	2,096	26	2,297	2	8,975	1,732	0	351	285	529	260	1,783	412	38
Prince George's	32,315	1,526	14	3,598	8	20,889	1,361	2	489	550	1,223	618	1,021	921	97
Queen Anne's	1,675	175	1	176	0	864	147	0	39	28	80	17	60	88	0
St. Mary's	3,317	345	4	421	2	2,008	162	1	43	33	76	22	114	71	15
Somerset	2,293	357	2	289	0	1,063	195	0	30	8	135	52	39	110	13
Talbot	1,628	187	2	237	0	758	170	*	39	20	76	35	40	56	8
Washington	7,115	366	5	983	2	3,807	602	0	142	112	402	207	132	331	24
Wicomico	5,472	451	6	752	1	3,003	443	0	99	31	205	106	170	180	25
Worcester	2,232	239	*	249	0	1,123	199	0	36	29	99	58	48	84	8

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

*Less than 0.5.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 2. PAYMENTS BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1986

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE										
	All Services[2]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories	$758,881,991	$268,628,325	$26,881,139	$202,774,487	$52,841,668	$63,079,477	$62,488,765	$48,484,624	$4,744,469	$17,997,765	$10,961,272
Federally Matched Categorically Indigent	352,166,347	147,003,842	7,809,734	29,103,152	25,945,059	44,968,320	41,700,352	29,920,830	3,852,295	14,514,309	7,348,455
OAA	49,193,538	8,747,232	5,847,775	18,499,351	368,649	1,459,705	2,898,311	6,228,739	41,875	4,371,347	730,554
PANB	971,379	380,888	--	150,318	85,087	66,768	73,565	89,430	2,205	109,520	13,598
APTD	128,354,052	45,855,284	1,943,678	10,571,020	25,487,864	10,132,298	10,413,553	11,631,229	263,021	9,403,815	2,652,290
EP	112,761	54,235	--	--	--	17,104	13,418	16,986	282	9,711	1,026
AFDC	173,534,617	91,966,203	18,281	-117,537	3,459	33,292,445	28,301,505	11,954,446	3,544,912	619,916	3,950,987
Federally Matched Medically Indigent	301,137,603	51,301,856	19,071,405	173,265,435	26,896,609	5,259,394	8,631,439	11,707,434	505,813	2,510,120	1,988,098
MAO	195,007,037	8,488,080	14,916,933	157,411,960	318,340	738,169	2,763,473	8,716,822	25,521	564,991	1,062,748
MAB	67,471	21,111	--	33,119	6,503	679	3,093	2,124	39	--	803
MAD	66,314,837	14,005,859	4,129,971	15,805,966	25,752,310	904,684	1,597,004	1,891,805	16,960	1,800,018	410,260
MAFC	4,855,425	2,062,977	18,097	--	819,456	840,275	684,392	171,995	121,231	29,857	107,145
MAC	22,113,037	17,800,459	6,404	14,505	--	1,460,314	1,893,050	371,029	294,347	53,997	218,932
MAR	12,779,796	8,923,370	--	-115	--	1,315,273	1,690,427	553,659	47,715	61,257	188,210
Non-Federally Matched	105,578,041	70,322,627	--	405,900	--	12,851,763	12,156,975	6,856,360	386,361	973,336	1,624,719
GPA	61,125,811	35,627,377	--	29,381	--	9,642,570	8,050,143	5,574,523	269,822	721,903	1,210,092
STND I	43,974,424	34,487,808	--	376,519	--	3,128,474	4,022,473	1,243,552	87,562	233,568	394,468
SA	477,806	207,442	--	--	--	80,719	84,359	38,285	28,977	17,865	20,159

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or general transportation services.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 3. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1986

		ELIGIBILITY CATEGORY [1,2]													
		Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non Federally Matched		
RESIDENCE OF ENROLLEE	All Categories	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	$758,881,991	$49,193,538	$971,379	$128,354,052	$112,761	$173,534,617	$195,007,037	$67,471	$66,314,837	$4,855,425	$22,113,037	$12,799,796	$61,125,811	$43,974,424	$477,805
Baltimore City	343,664,067	22,963,175	614,390	60,333,360	49,545	104,579,067	57,607,208	2,849	24,689,334	2,243,051	6,713,740	4,116,296	43,735,923	15,785,985	229,644
Total Counties	415,983,144	26,230,363	356,489	68,020,692	63,215	69,401,651	137,713,803	64,622	41,625,503	2,612,374	15,399,297	8,663,500	17,389,888	28,188,586	248,161
Allegany	18,024,166	1,148,893	29,881	2,635,744	4,100	3,403,036	6,589,965	124	2,062,851	16,108	432,565	282,632	446,530	969,027	2,710
Anne Arundel	39,149,128	1,777,247	1,822	6,891,474	--	7,993,756	10,974,209	17,242	3,836,875	283,465	1,273,938	963,413	2,043,742	3,084,189	7,756
Baltimore	72,077,715	3,243,417	41,207	10,121,597	4,949	10,303,570	31,287,826	443	7,192,795	306,196	1,211,660	1,457,375	2,791,196	4,059,828	50,656
Calvert	6,043,364	357,356	3,845	963,407	--	1,237,963	1,674,909	6,503	439,727	73,946	266,939	137,122	319,832	558,604	3,211
Caroline	5,044,247	545,420	1,838	881,037	19	603,409	1,967,393	131	469,828	17,767	155,413	44,521	89,368	258,681	9,422
Carroll	10,460,766	787,205	37,663	1,668,377	--	1,085,683	4,536,549	--	1,061,663	51,312	198,803	209,003	306,512	504,930	13,066
Cecil	9,252,771	482,534	211	1,673,529	--	2,343,349	2,089,198	--	776,761	84,224	309,428	279,639	375,952	832,446	--
Charles	11,012,419	903,395	24,172	1,748,300	3,081	2,392,120	2,003,702	334	831,756	66,665	1,157,601	200,948	446,468	1,223,927	9,950
Dorchester	7,931,028	1,027,746	3,723	1,576,625	--	1,156,930	2,633,774	--	632,070	20,121	180,854	135,614	225,734	332,505	5332
Frederick	12,745,106	1,163,738	1,362	1,795,198	--	1,644,647	4,498,437	1,558	1,785,260	50,335	540,871	162,317	509,261	583,325	8,297
Garrett	6,291,485	358,530	1,226	1,133,049	2,035	829,440	2,006,798	--	657,331	14,966	498,803	189,250	101,011	497,510	1,536
Harford	16,003,077	900,910	7,504	2,618,733	--	3,263,542	4,348,421	16,643	1,375,604	119,294	629,607	367,479	646,842	1,700,488	8,010
Howard	8,907,418	418,101	1,334	1,530,485	--	750,098	3,084,043	--	831,540	43,884	583,261	457,764	378,799	826,029	1,575
Kent	3,059,004	276,877	484	358,417	--	400,648	1,197,047	--	277,635	6,927	119,831	103,433	67,043	246,424	4,238
Montgomery	53,063,999	4,145,205	46,508	7,491,373	29,457	6,427,289	20,752,185	237	5,648,167	379,894	1,544,770	671,584	3,730,456	2,181,814	19,560
Prince George's	73,352,611	3,494,365	92,137	14,113,120	14,265	16,326,386	15,467,651	18,356	7,320,195	868,679	4,343,398	4,814,401	3,060,173	6,367,725	51,260
Queen Anne's	4,937,482	338,933	769	642,256	--	357,551	1,643,687	1,414	529,570	15,342	164,339	43,804	169,710	580,052	--
St. Mary's	8,040,105	852,100	2,324	1,204,666	2509	1,899,701	1,999,573	--	844,124	64,162	320,783	65,288	409,428	371,985	3,462
Somerset	5,942,302	814,533	17,226	664,526	--	667,937	2,358,603	--	458,910	2,587	193,315	133,527	147,008	482,220	2,410
Talbot	4,860,450	348,612	7,035	1,004,189	--	568,256	1,784,376	1,637	553,479	23,732	94,791	81,120	94,467	296,809	1,947
Washington	18,379,312	1,054,146	4,427	3,344,651	2,394	2,597,314	7,319,917	--	2,007,015	79,336	605,987	334,623	407,027	1,114,342	8,133
Wicomico	14,442,412	1,059,721	19,114	3,090,518	406	2,017,418	4,969,130	--	1,384,297	12,731	345,369	369,030	449,012	691,962	33,704
Worcester	6,407,277	731,324	9,677	868,921	--	620,608	2,531,405	--	648,050	10,701	226,971	159,613	174,317	423,764	1,926
Recoveries	(765,222)					(446,101)	(318,974)							(147)	

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Payments do not include premiums paid for buy-in of Part B of Medicare; or General Transportation Program.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 4. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND TYPE OF SERVICE: FISCAL YEAR 1986

RESIDENCE OF ENROLLEE	TYPE OF SERVICE										
	All Services[1]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
Total State	$758,881,991	$268,628,325	$26,881,139	$202,774,487	$52,841,668	$63,079,477	$62,488,765	$48,484,624	$4,744,469	$17,997,765	$10,961,272
Baltimore City	343,664,067	144,276,330	10,288,118	63,867,305	16,705,892	42,641,784	27,420,452	22,015,064	2,337,573	7,873,061	6,238,488
Total Counties	415,983,146	124,524,389	16,593,021	139,225,771	36,135,776	20,437,718	35,244,105	26,500,987	2,438,756	10,124,704	4,757,919
Allegany	18,024,167	4,168,060	516,079	6,662,494	1,465,179	1,202,281	1,515,154	1,457,437	141,706	713,289	182,488
Anne Arundel	39,149,128	14,258,416	1,840,147	11,062,767	2,116,509	1,750,632	3,448,913	2,441,418	261,085	1,402,422	566,819
Baltimore	72,077,715	18,165,224	1,723,515	31,305,127	5,407,859	3,734,361	4,875,408	4,363,308	361,968	1,154,615	986,330
Calvert	6,043,364	2,080,650	294,568	1,680,969	225,292	299,271	832,478	434,489	43,663	83,853	68,131
Caroline	5,044,247	935,209	315,099	2,010,098	607,273	203,909	427,153	370,490	20,201	101,830	52,985
Carroll	10,460,766	2,114,691	774,388	4,359,931	730,255	337,015	762,399	654,195	40,874	591,871	95,147
Cecil	9,252,771	3,109,350	281,722	2,241,580	1,198,558	635,057	839,382	704,609	89,066	69,289	84,158
Charles	11,012,419	4,816,430	173,820	2,482,535	328,775	734,354	1,280,147	770,908	68,532	191,348	165,570
Dorchester	7,931,028	2,022,692	543,587	2,666,080	479,631	416,241	747,187	617,195	58,152	299,293	80,970
Frederick	12,745,160	2,898,285	1,253,930	4,504,256	1,458,180	466,740	872,203	783,236	50,724	339,392	118,160
Garrett	6,291,485	1,549,761	178,444	2,228,803	511,172	381,719	500,789	548,027	53,849	280,614	58,307
Harford	16,003,078	5,363,059	445,182	4,519,198	1,081,457	929,372	1,676,308	1,135,636	142,951	524,613	185,302
Howard	8,907,418	2,847,691	267,248	2,886,912	817,631	322,631	814,170	535,812	35,305	279,042	100,976
Kent	3,059,004	727,960	372,948	991,192	305,533	129,893	238,623	214,503	11,539	39,994	26,819
Montgomery	53,068,999	13,303,730	1,815,367	21,147,433	5,334,315	2,343,737	4,487,971	3,088,331	301,350	719,693	527,072
Prince George's	73,352,611	31,165,862	1,146,332	17,118,177	7,430,607	4,033,587	6,641,029	3,927,017	378,027	743,369	768,604
Queen Anne's	4,987,482	1,499,589	356,901	1,587,282	459,230	178,665	416,195	333,965	22,654	94,326	38,675
St. Mary's	8,040,105	2,718,312	270,464	2,277,467	817,807	406,978	751,975	513,347	32,585	182,152	69,018
Somerset	5,942,802	1,304,568	518,420	2,230,735	273,450	230,228	507,926	468,100	25,288	304,188	79,899
Talbot	4,860,450	894,982	196,317	1,818,539	871,615	198,894	417,717	290,240	21,583	112,919	37,644
Washington	18,879,312	3,737,773	1,539,207	6,674,137	1,726,745	945,443	1,415,989	1,433,821	141,568	1,037,297	227,332
Wicomico	14,442,412	3,506,962	1,134,029	4,395,679	1,744,944	373,175	1,290,381	1,027,975	106,271	686,565	176,431
Worcester	6,407,277	1,335,133	635,307	2,374,380	743,759	183,535	484,608	386,928	29,815	172,730	61,082
Recoveries	(765,222)	(172,394)		(318,589)		(25)	(175,792)	(31,427)	(31,860)		(35,135)

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TABLE 5. AVERAGE PAYMENT PER ENROLLEE BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1986

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE										
	All Services[2]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories	$2,224	$787	$79	$594	$155	$185	$183	$142	$14	$53	$32
Federally Matched Categorically Indigent	1,294	540	29	107	95	169	153	110	14	53	27
OAA	2,553	450	301	952	19	75	149	321	2	225	38
PANB	2,577	1,010	--	399	226	177	195	237	6	291	36
APTD	3,613	1,291	55	298	717	285	293	327	7	265	75
EP	1,762	847	--	--	--	267	210	265	4	152	16
AFDC	801	424	--	-1	--	154	131	55	16	3	18
Federally Matched Medically Indigent	7,996	1,362	506	4,601	714	140	229	311	13	67	53
MAO	12,781	556	978	10,317	21	48	181	571	2	37	70
MAB	6,747	2,111	--	3,312	650	68	309	212	4	--	80
MAD	15,520	3,278	967	3,699	6,027	212	374	443	4	421	96
MAFC	1,180	501	4	--	199	204	166	42	29	7	26
MAC	2,374	1,911	1	2	--	157	203	40	32	6	24
MAR	2,725	1,903	--	--	--	281	361	118	10	13	40
Non-Federally Matched	3,349	2,231	--	13	--	408	386	218	12	31	52
GPA	2,637	1,537	--	1	--	416	347	241	12	31	52
STND I	5,922	4,644	--	51	--	421	542	167	12	31	53
SA	519	225	--	--	--	88	92	42	31	19	22

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; or payments for general transportation services.

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TABLE 6. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1986

RESIDENCE OF ENROLLEE	ELIGIBILITY CATEGORY[1]														
		Federally Matched Categorically Indigent						Federally Matched Medically Indigent					Non-Federally Matched		
	All Categories[2]	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1	SA
Total State	$2,224	$2,533	$2,577	$3,613	$1,762	$801	$12,781	$6,747	$15,520	$1,180	$2,374	$2,725	$2,637	$5,922	$519
Baltimore City	1,872	2,653	2,320	3,829	1,416	818	14,431	950	17,086	1,204	2,495	2,881	2,583	7,069	578
Total Counties	2,638	2,437	3,183	3,440	2,180	781	12,225	9,232	14,719	1,160	2,324	2,658	2,784	5,428	474
Allegany	2,257	3,209	2,490	2,807	1,367	717	11,602	0	14,426	671	1,060	1,291	2,826	2,441	226
Anne Arundel	2,573	2,270	607	3,274	0	869	12,790	17,242	13,952	1,152	2,632	4,153	3,050	9,098	323
Baltimore	3,123	2,605	3,434	3,343	825	787	13,440	0	15,304	1,097	1,884	3,671	2,973	7,237	724
Calvert	2,365	2,499	3,845	2,973	0	903	11,713	6,503	9,994	1,072	1,589	1,804	3,332	5,125	321
Caroline	2,656	2,217	1,838	3,124	0	602	12,775	131	16,780	808	3,238	2,968	2,128	5,748	725
Carroll	3,770	3,213	9,416	3,603	0	875	13,789	0	13,969	789	2,185	4,750	3,226	5,372	467
Cecil	2,305	2,805	70	3,812	0	994	10,996	0	16,183	1,123	1,038	1,902	3,650	4,703	0
Charles	2,121	3,448	8,057	3,094	1,541	823	8,712	0	9,346	952	2,737	1,582	3,058	3,621	332
Dorchester	2,514	2,234	3,723	4,261	0	673	12,785	0	16,207	671	1,809	3,569	3,179	3,575	197
Frederick	3,128	4,232	1,862	3,027	0	805	12,257	0	15,129	599	2,832	2,029	3,244	4,453	251
Garrett	2,228	2,617	613	2,920	678	587	11,667	0	14,939	788	1,875	1,526	1,981	2,578	140
Harford	2,527	3,044	2,501	3,397	0	862	12,865	16,643	15,456	1,297	2,018	2,241	2,981	7,085	308
Howard	3,347	2,122	611	3,986	0	821	10,859	0	10,941	610	1,894	2,360	5,189	5,470	315
Kent	2,809	1,923	161	2,962	0	776	13,759	0	13,221	770	1,997	3,694	3,193	3,423	605
Montgomery	2,825	1,978	1,789	3,262	14,729	716	11,982	0	16,092	1,333	2,920	2,583	2,092	5,296	515
Prince George's	2,270	2,290	6,581	3,922	1,783	782	11,365	9,178	14,970	1,579	3,551	2,936	2,997	6,914	528
Queen Anne's	2,978	1,937	769	3,649	0	993	11,182	0	13,579	548	2,054	2,577	2,829	6,592	0
St. Mary's	2,424	2,470	581	2,861	1,255	946	12,343	0	19,631	1,944	4,221	2,968	3,591	5,239	231
Somerset	2,592	2,282	8,613	2,299	0	628	12,095	0	15,297	323	1,432	2,568	3,769	4,384	185
Talbot	2,986	1,864	3,518	4,237	0	750	10,496	0	14,192	1,187	1,247	2,318	2,362	5,300	243
Washington	2,653	2,880	885	3,402	1,197	682	12,159	0	14,134	708	1,507	1,617	3,084	3,367	339
Wicomico	2,639	2,350	3,186	4,110	406	672	11,217	0	13,983	411	1,685	3,431	2,641	3,844	1,348
Worcester	2,871	2,446	0	3,490	0	553	12,721	0	18,001	369	2,293	2,752	3,632	5,045	241

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 7. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND SERVICE TYPE: FISCAL YEAR 1986

RESIDENCE OF ENROLLEE	TYPE OF SERVICE										
	All Services[1]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	$2,224	$787	$79	$594	$155	$185	$183	$142	$14	$53	$32
Baltimore City	1,872	786	56	348	91	232	149	120	13	43	34
Total Counties	2,638	790	105	883	229	130	224	168	15	64	30
Allegany	2,257	522	65	834	183	151	190	183	18	89	23
Anne Arundel	2,573	937	121	727	139	115	227	160	17	92	37
Baltimore	3,123	787	75	1,356	234	162	211	189	16	50	43
Calvert	2,365	814	115	658	88	117	326	170	17	33	27
Caroline	2,656	492	166	1,059	320	107	225	195	11	54	28
Carroll	3,770	762	279	1,571	263	121	275	236	15	213	34
Cecil	2,305	775	70	558	299	158	209	176	22	17	21
Charles	2,121	928	33	478	63	141	247	149	13	37	32
Dorchester	2,514	641	172	845	152	132	237	196	18	95	26
Frederick	3,128	711	308	1,106	358	115	214	192	12	83	29
Garrett	2,228	549	63	789	181	135	177	194	19	99	21
Harford	2,527	847	70	713	171	147	265	179	23	83	29
Howard	3,347	1,070	100	1,085	307	121	306	201	13	105	38
Kent	2,809	668	342	910	281	119	219	197	11	37	25
Montgomery	2,825	708	97	1,126	284	125	239	164	16	38	28
Prince George's	2,270	964	35	530	230	125	206	122	12	23	24
Queen Anne's	2,978	895	213	948	274	107	248	199	14	56	23
St. Mary's	2,424	820	82	687	247	123	227	155	10	55	21
Somerset	2,592	569	226	973	119	100	222	204	11	133	35
Talbot	2,986	550	121	1,117	535	122	257	178	13	69	23
Washington	2,653	525	216	938	243	133	199	202	20	146	32
Wicomico	2,639	641	207	803	319	68	236	188	19	125	32
Worcester	2,87'	598	285	1,064	333	82	217	173	13	77	27

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 8. NUMBER OF SELECTED SERVICES BY RESIDENCE OF RECIPIENT: FISCAL YEAR 1986

RESIDENCE OF RECIPIENT	UNITS OF SERVICE									
	General Hospital Inpatient Discharges[1]	General Hospital Inpatient Days[2]	Nursing Facility Days	ICF-MR Days	Outpatient Department Visits	Emergency Room Visits	Physician Home & Office Visits	Pharmacy Invoices	Dental Services	Home and Community Health Services
Total State	84,202	464,453	5,215,405	524,839	338,493	207,000	889,824	3,253,720	512,285	771,872
Baltimore City	42,723	240,494	1,507,630	161,575	294,812	119,114	395,869	1,475,532	263,717	378,724
Total Counties	41,479	223,959	3,707,775	363,264	43,681	87,886	493,955	1,778,188	248,568	393,148
Allegany	2,397	10,684	198,879	14,611	519	10,322	21,0[illegible]	106,188	14,827	33,886
Anne Arundel	4,116	23,432	298,253	19,377	4,851	7,792	52,582	159,621	26,089	45,906
Baltimore	5,336	30,158	817,672	50,932	19,653	10,198	65,232	291,151	37,279	38,253
Calvert	756	3,865	45,084	2,611	364	1,018	9,920	28,284	3,931	3,638
Caroline	491	2,100	56,746	5,447	111	849	5,817	27,479	2,343	5,926
Carroll	652	3,071	115,811	6,829	540	1,560	9,265	43,149	4,442	16,516
Cecil	1,296	5,986	60,503	10,881	453	2,493	14,881	49,046	7,823	2,980
Charles	1,549	8,126	62,362	3,756	343	3,330	15,897	50,040	7,376	5,542
Dorchester	812	4,062	70,837	4,299	174	1,752	10,019	46,210	5,609	21,753
Frederick	1,072	5,345	131,050	13,870	383	2,708	12,508	53,107	5,285	12,449
Garrett	771	3,525	62,722	4,983	61	3,073	8,257	38,741	5,119	12,433
Harford	1,923	11,485	112,011	10,030	2,435	2,603	26,563	76,809	13,138	15,110
Howard	884	5,207	75,799	7,513	637	1,347	9,625	33,564	4,033	7,430
Kent	406	1,710	26,865	2,735	81	686	3,478	15,629	1,205	898
Montgomery	4,059	25,527	553,624	60,261	3,608	8,593	70,946	199,564	27,834	19,624
Prince George's	8,597	49,386	414,009	83,526	8,064	16,720	89,953	260,404	42,298	241,467
Queen Anne's	570	2,899	46,695	4,171	109	778	5,719	24,239	2,558	1,545
St. Mary's	981	4,549	57,974	8,863	327	1,537	9,833	31,846	3,401	8,598
Somerset	601	2,855	57,261	2,441	127	801	5,470	34,486	2,807	24,459
Talbot	463	2,119	52,002	7,769	44	1,129	5,475	21,206	2,459	6,928
Washington	1,634	7,173	196,285	16,092	474	6,285	20,538	91,402	14,994	38,724
Wicomico	1,465	7,525	131,619	15,558	222	2,006	14,398	68,495	10,568	38,882
Worcester	598	3,170	63,712	6,709	101	306	6,527	27,528	3,150	10,201

[1,2] Hospital discharges and days are increased due to the carry-over in billings from fiscal year 1985. See Program Trends for additional information.

TABLE 9. PARTICIPATING MEDICAID PROVIDERS BY TYPE OF SERVICE AND COUNTY: FISCAL YEAR 1986

RESIDENCE OF RECIPIENT	NUMBER OF PARTICIPATING PROVIDERS - JUNE 1986										
	Total Providers	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician Services	EPSDT	Pharmacy Services	Dental Services	Home and Community Services	Special Services	Other
Total	9,797	172	189	158	5,011	248	890	895	1,327	788	119
Baltimore City	2,553	42	44	28	1,160	48	114	196	676	230	15
Total Counties	5,965	40	141	26	3,268	196	393	676	637	474	104
Out of State	1,279	90	4	94	583	4	383	23	14	84	0
Allegany	252	3	5	3	113	9	22	30	56	0	8
Anne Arundel	539	2	11	2	293	26	30	88	35	40	12
Baltimore	1,180	5	37	4	692	44	76	135	55	132	0
Calvert	72	1	2	1	42	2	4	11	6	1	2
Caroline	49	0	2	0	8	4	6	3	16	4	6
Carroll	160	1	6	1	70	8	13	23	21	16	1
Cecil	82	1	3	1	36	5	5	15	7	7	2
Charles	99	1	1	1	45	8	5	11	11	11	5
Dorchester	103	1	3	1	34	3	4	9	43	5	0
Frederick	182	1	5	1	91	5	15	19	27	14	4
Garrett	76	1	3	1	16	4	7	8	26	8	2
Harford	241	2	3	2	130	7	18	35	20	20	4
Howard	193	1	2	1	116	7	12	25	8	17	4
Kent	46	1	1	1	27	3	4	4	3	2	0
Montgomery	927	5	18	5	659	15	44	79	16	70	16
Prince George's	909	8	15	6	560	20	75	103	34	76	12
Queen Anne's	28	0	1	0	9	1	4	5	2	3	3
St. Mary's	78	1	2	1	34	3	5	13	13	4	2
Somerset	85	1	2	1	14	3	7	2	55	0	0
Talbot	97	2	3	1	59	3	3	6	13	6	1
Washington	286	1	11	1	98	11	19	33	94	15	3
Wicomico	219	1	3	1	110	1	7	15	57	16	8
Worcester	62	0	2	0	12	4	8	4	19	4	9
Washington D.C.	429	13	0	12	309	4	61	12	6	12	0
Out of State [1]	850	77	4	82	274	0	322	11	8	72	0

1 The majority of these providers represent one time billings for care received while recipient was out-of state or providers with billing offices located out-of-state (Pharmacy). The amounts of payments involved are minimal.

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TABLE 10. NUMBER OF RECIPIENTS OF SERVICES BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1986

		TYPE OF SERVICE												
All SERVICES	Total Recipients	OAA	PANB/EP	APTD	AFDC ADULT	AFDC CHILD	MAO	MAB	MAD	MAFC/MAC	MAR	GPA	STD 1	SA
One or More Types[1] of Service	398,721	18,115	586	32,599	72,133	160,399	24,955	17	6,053	21,767	8,787	31,935	20,577	798
Hospital Inpatient[2]	90,552	10,190	203	11,049	14,121	19,280	8,985	7	3,088	5,237	3,180	7,313	7,841	58
Hospital Outpatient	180,257	559	203	15,440	43,099	79,156	338	3	1,155	8,715	4,121	18,672	8,500	296
Nursing Facility	25,412	1,788	25	877	12	40	20,855	5	1,728	1	2	16	63	0
ICF - MR	1,819	12	3	852	0	1	12	0	905	34	0	0	0	0
Home Health Care	3,529	172	15	1,295	269	464	59	0	237	104	73	560	279	2
Day Care	997	309	12	506	3	0	84	0	51	1	0	30	1	0
Personal Care	3,404	1,599	37	1,233	36	17	237	0	105	9	5	93	31	2
Physician	295,062	15,285	471	26,999	57,895	108,586	16,991	14	4,550	15,280	6,827	26,315	15,258	591
Clinic	42,195	235	34	3,719	9,792	20,792	108	0	242	2,471	974	2,636	1,112	80
EPSDT	30,358	0	5	272	4	27,575	0	0	0	2,330	10	60	40	62
Rural Health	692	26	0	39	90	398	8	0	4	71	10	10	32	4
Pharmacy	274,392	15,430	461	27,002	57,248	100,605	17,566	9	3,650	10,920	5,051	25,263	10,720	467
Dental	75,804	936	63	4,800	14,216	41,764	606	0	299	5,090	946	5,262	1,464	358
Lab & X-Ray	84,398	965	100	7,556	24,990	29,619	4,030	3	972	2,948	1,907	8,438	2,773	97
Vision Care	56,953	3,086	72	6,199	12,817	18,574	1,418	0	619	2,164	1,413	7,710	2,768	113
Ambulance/WCV	11,397	1,755	29	1,653	328	283	5,627	3	794	78	48	558	240	1
Physical Therapy	535	5	0	110	150	44	9	0	13	11	18	141	34	0
Podiatry	15,327	2,240	26	1,998	1,642	531	6,495	3	672	120	136	1,128	331	5
Medical Supplies	11,691	1,823	29	2,436	561	3,268	1,917	1	411	258	61	659	250	17
2176 Waiver	447	11	1	267	0	5	2	0	155	4	0	1	1	0
HMO	26,564	392	24	959	6,484	17,157	9	0	10	674	92	682	43	38

1 Includes recipients of care in HMO facilities, not previously reported in this table.

2 Inpatient hospital recipients include all inpatient hospital services (general, special and state facilities) as well as carry over from fiscal year 1985. The number of recipients will appear greatly increased over past years.

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TABLE 11. PAYMENTS, RECIPIENTS, AND AVERAGE PAYMENT PER RECIPIENT OF SERVICE BY RACE: FISCAL YEAR 1986

	PAYMENTS				RECIPIENTS				AVERAGE PAYMENT			
SERVICES	Total Payments	White Recip	Black Recip	Other Recip[3]	All Recipients	White Recip	Black Recip	Other Recip[3]	All Recipients	White Recip	Black Recip	Other Recip[3]
All Services[1]	$775,335,920	$408,560,705	$354,327,165	$12,478,050	398,721	158,611	229,828	10,282	$1,945	$2,576	$1,542	$1,214
Inpatient Hospital[2]	295,509,464	124,874,119	165,063,924	5,571,422	90,552	40,938	47,605	2,009	3,263	3,050	3,468	2,773
Outpatient Hospital	63,079,477	21,055,734	41,092,551	931,192	180,257	61,938	115,428	2,891	350	340	356	322
Nursing Facility	202,774,487	152,388,224	48,265,071	2,121,192	25,412	19,758	5,362	292	7,979	7,713	9,001	7,264
ICF - MR	52,841,668	38,942,437	13,572,441	326,790	1,819	1,353	454	12	29,050	28,782	29,895	27,233
Home Health	3,890,141	1,541,855	2,241,259	107,027	3,529	1,377	2,067	85	1,102	1,120	1,084	1,259
Day Care	4,002,585	2,170,262	1,761,132	71,191	997	508	469	20	4,015	4,272	3,755	3,560
Personal Care	5,483,792	2,249,871	3,175,294	58,627	3,404	1,431	1,933	40	1,611	1,572	1,643	1,466
Physician Services	52,275,275	24,512,849	26,197,921	1,564,505	295,062	127,947	158,749	8,366	177	192	165	187
Clinic Services	8,632,292	3,846,360	4,636,182	149,750	42,195	16,515	24,879	801	205	233	186	187
EPSDT Services	1,480,150	423,255	1,040,276	16,620	30,358	8,652	21,367	339	49	49	49	49
Rural Health	101,048	32,494	67,913	641	692	232	456	4	146	140	149	160
Pharmacy	48,484,624	25,278,506	22,051,530	1,154,588	274,392	113,547	153,694	7,151	177	223	143	161
Dental	4,774,469	1,933,232	2,683,834	157,403	75,804	28,368	45,725	1,711	63	68	59	92
Lab & X-Ray	2,997,463	1,086,557	1,817,674	73,232	84,398	31,076	51,479	1,843	35	35	35	40
Vision Care	2,781,882	933,492	1,790,606	57,784	56,953	19,715	36,050	1,188	49	47	50	49
Ambulance/WCV	1,194,174	538,110	643,933	12,131	11,397	6,646	4,568	183	105	81	141	66
Physical Therapy	53,484	29,290	23,101	1,093	535	272	252	11	100	108	92	99
Podiatry	685,697	287,230	391,662	6,805	15,327	8,905	6,212	210	45	32	63	32
Medical Supplies	3,268,572	1,676,584	1,529,544	62,444	11,691	5,026	6,460	205	280	334	237	305
2176 - Waiver	4,621,247	3,642,329	978,593	324	447	345	101	1	10,338	10,557	9,689	324
HMO	16,453,929	1,117,917	15,302,722	33,290	26,564	1,940	24,571	53	619	576	623	628

[1] All payment figures include premiums paid for buy-in of Part B of Medicare and payments for general transportation services.

[2] Payments for Inpatient Hospital services include all inpatient hospital services (general, special and state facilities) as well as carry-over payments from fiscal year 1985. Expenditures will appear greatly increased over past fiscal years.

[3] Other includes $3,487,286 in payments for 2,784 recipients of unknown race.

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TABLE 12. PAYMENTS FOR SERVICES BY AGE, RACE AND SEX OF RECIPIENT:
FISCAL YEAR 1986

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT								
	All Ages	Under 6	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	+85
Total Payments[1]	$775,335,920	$76,676,241	$29,831,254	$47,453,825	$232,150,536	$136,972,016	$69,730,317	$94,931,247	$87,590,484
White	408,707,074	25,252,676	10,457,289	18,728,287	107,546,879	66,545,558	42,539,064	67,366,850	70,270,471
Male	143,123,672	14,353,506	6,415,674	6,771,525	49,654,645	26,795,905	14,579,418	16,373,326	8,179,673
Female	265,583,402	10,899,170	4,041,615	11,956,762	57,892,234	39,749,653	27,959,646	50,993,524	62,090,798
Black	354,151,019	50,278,447	18,752,965	25,006,332	121,923,253	68,309,273	24,847,321	25,839,445	16,193,983
Male	133,951,350	27,197,383	9,673,097	6,315,509	43,129,682	26,855,324	8,813,532	8,334,671	3,632,152
Female	220,199,669	23,081,064	9,079,868	21,690,823	78,793,571	41,453,949	16,033,789	17,504,774	12,561,831
Other[2]	12,477,827	1,145,118	621,000	719,206	2,680,404	2,117,185	2,343,932	1,724,952	1,126,030
Male	4,593,620	438,271	402,189	267,432	1,028,057	793,569	994,077	436,501	233,524
Female	7,884,207	706,847	218,811	451,774	1,652,347	1,323,616	1,349,855	1,288,451	892,506

[1] All payment figures exclude premiums paid for buy-in of Part B of Medicare and payments for general transportation services. Total includes payments for health maintenance organizations, not previously included in this table.

[2] Figures include $3,487,286 in payments for recipients of unknown race.

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TABLE 13. AVERAGE NUMBER OF ENROLLEES AND AVERAGE PAYMENT PER ENROLLEE BY AGE, RACE AND SEX: FISCAL YEAR 1986

RACE AND SEX OF ENROLLEE	AGE OF ENROLLEE								
	All Ages	Under 6	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	+85
Total Enrollees[1]	341,256	65,121	63,261	38,772	102,053	34,210	15,621	13,279	8,940
White	124,394	20,925	19,340	11,854	37,587	14,063	6,891	7,453	6,282
Male	46,068	10,561	9,111	5,585	11,041	5,120	1,992	1,812	847
Female	78,326	10,364	10,229	6,269	26,546	8,943	4,899	5,641	5,435
Black	208,030	43,267	42,635	26,130	62,654	19,106	7,025	4,866	2,347
Male	76,761	21,844	19,730	12,092	12,685	6,641	1,966	1,281	522
Female	131,269	21,423	22,905	14,038	49,969	12,465	5,059	3,585	1,825
Other	8,832	929	1,286	788	1,812	1,041	1,705	960	311
Male	3,369	456	690	424	613	322	493	302	69
Female	5,463	473	596	364	1,199	719	1,212	658	242
Average Payment[2]	$2,272	$1,177	$472	$1,224	$2,275	$4,004	$4,464	$7,149	$9,798
White	3,286	1,207	541	1,580	2,861	4,732	6,173	9,039	11,186
Male	3,107	1,359	704	1,212	4,497	5,234	7,319	9,036	9,657
Female	3,391	1,052	395	1,907	2,181	4,445	5,707	9,040	11,424
Black	1,702	1,162	440	1,072	1,946	3,575	3,537	5,310	6,900
Male	1,745	1,245	490	522	3,400	4,044	4,483	6,506	6,958
Female	1,677	1,077	396	1,545	1,577	3,326	3,169	4,883	6,883
Other	1,413	1,233	483	913	1,479	2,034	1,375	1,797	3,621
Male	1,363	961	583	631	1,677	2,465	2,016	1,445	3,384
Female	1,443	1,494	367	1,241	1,378	1,841	1,114	1,958	3,688

[1] Figures include 2,572 enrollees of unknown race.

[2] All payment figures exclude premiums paid for buy-in of Part B of Medicare and payments for general transportation services. Payment figures include payments for health maintenance organizations, not previously included in this table.

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TABLE 14. NUMBER OF RECIPIENTS OF SERVICES AND AVERAGE PAYMENT PER RECIPIENT BY AGE, RACE AND SEX: FISCAL YEAR 1986

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT								
	All Ages	Under 6	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	+85
Total Recipients	398,721	84,829	63,974	40,859	119,194	42,983	17,959	16,650	12,273
White	158,611	29,678	21,574	14,143	46,456	18,384	8,687	10,319	9,370
Male	56,706	15,114	10,320	4,480	14,215	6,670	2,316	2,292	1,299
Female	101,905	14,564	11,254	9,663	32,241	11,714	6,371	8,027	8,071
Black	229,828	53,821	40,776	25,751	70,356	23,246	7,635	5,574	2,669
Male	84,193	27,157	20,204	7,646	16,719	8,185	2,150	1,511	621
Female	145,635	26,664	20,572	18,105	53,637	15,061	5,485	4,063	2,048
Other[1]	10,282	1,330	1,624	965	2,382	1,353	1,637	757	234
Male	3,826	675	728	468	773	409	486	233	54
Female	6,456	655	896	497	1,609	944	1,151	524	180
Average Payment[2]	$1,945	$904	$466	$1,161	$1,948	$3,187	$3,883	$5,702	$7,137
White	2,577	851	485	1,324	2,315	3,620	4,897	6,528	7,500
Male	2,524	950	622	1,512	3,493	4,017	6,295	7,144	6,297
Female	2,606	748	359	1,237	1,796	3,393	4,389	6,353	7,693
Black	1,541	934	460	1,088	1,733	2,939	3,254	4,636	6,067
Male	1,591	1,001	479	826	2,580	3,281	4,099	5,516	5,849
Female	1,512	866	441	1,198	1,469	2,752	2,923	4,308	6,134
Other	1,214	861	382	745	1,125	1,565	1,432	2,279	4,812
Male	1,201	649	552	571	1,330	4,940	2,045	1,873	4,325
Female	1,221	1,079	244	909	1,027	1,402	1,173	2,459	4,958

[1] Figures include 2,784 recipients of unknown race.

[2] All payment figures exclude premiums paid for buy-in of Part B of Medicare and payments for general transportation services. Payment figures include payments for health maintenance organizations, not previously included in this table.

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TABLE 15. PAYMENTS BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1986

TYPE OF MEDICAL CARE OR SERVICE	All Ages	AGE OF RECIPIENT IN YEARS: Under 6	6 - 14	15 - 20	21 - 44	45 - 64	64 - 74	75 - 84	85 +
Total Payments[1]	$775,335,920	$76,676,241	$29,831,254	$47,453,825	$232,150,536	$136,972,016	$69,730,317	$94,931,247	$87,590,484
Inpatient Hospital[2]	295,509,464	50,166,114	10,075,313	23,360,538	106,253,816	64,393,000	21,937,517	14,502,267	4,820,899
Outpatient Hospital	63,079,477	9,692,808	6,033,055	6,885,743	28,920,021	11,201,708	259,978	75,136	11,028
Nursing Facility	202,774,487	26,550	-457,248	140,486	4,834,538	19,017,866	33,996,046	69,107,365	76,108,884
ICF - MR	52,841,668	289,027	2,121,291	5,329,325	37,068,335	6,934,748	885,652	213,290	0
Home Health	3,890,141	400,001	87,035	145,861	1,001,009	1,783,294	216,131	132,691	124,119
Day Care	4,002,585	0	0	31,842	1,230,462	1,166,445	800,335	557,405	216,096
Personal Care	5,483,792	27,470	64,257	77,002	688,710	1,289,355	1,213,047	1,338,986	784,965
Physician Services	52,275,275	6,881,572	3,263,601	4,801,892	20,272,466	10,983,030	2,740,309	2,138,204	1,195,201
Clinic Services	8,632,292	853,270	584,920	878,736	4,816,416	1,338,971	120,301	38,944	734
EPSDT Services	1,480,150	1,138,154	277,129	64,468	399	0	0	0	0
Rural Health	101,048	52,860	14,565	4,438	19,233	7,358	1,412	738	444
Pharmacy	48,484,624	2,359,802	1,690,702	2,155,163	13,220,118	12,993,895	6,313,404	5,977,532	3,774,008
Dental	4,774,469	679,168	1,684,838	1,084,945	1,028,011	192,510	45,773	21,136	8,088
Lab & X-Ray	2,977,463	278,216	169,907	398,317	1,371,365	575,885	48,148	68,348	67,277
Vision Care	2,781,882	112,551	484,781	299,795	983,977	636,340	156,807	79,159	28,472
Ambulance/WCV	1,194,174	14,620	621	26,754	233,465	350,100	181,650	218,365	168,599
Physical Therapy	53,484	6,342	1,503	834	26,039	17,403	1,229	134	0
Podiatry	685,697	3,504	13,040	31,421	275,534	157,651	65,822	76,435	62,290
Medical Supplies	3,268,572	773,941	176,056	175,277	571,394	898,591	226,875	265,675	180,763
2176 Waiver	4,621,247	180,924	150,836	128,341	2,718,828	1,226,349	195,122	20,847	0
HMO	16,453,929	2,739,347	3,395,052	1,432,647	6,616,400	1,808,517	324,759	98,590	38,617

[1] All payment figures exclude premiums for buy-in of Part B of Medicare and payments for general transportation. Payment figures include payments for health maintenance organizations not previously included in this table.

[2] Payments for Inpatient hospital services include all inpatient hopsital services (general, special and state facilities) as well as carry-over payments from fiscal year 1985. Expenditures will appear greatly increased over past fiscal years.

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TABLE 16. NUMBER OF RECIPIENTS OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1986

TYPE OF MEDICAL CARE OR SERVICE	AGE OF RECIPIENT IN YEARS								
	All Ages	Under 6	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	85 +
One or More Types of Service[1]	398,721	84,829	63,974	40,859	119,194	42,983	17,959	16,650	12,273
Inpatient Hospital[2]	90,522	13,124	3,654	8,827	30,461	13,524	9,224	7,528	4,210
Outpatient Hospital	180,257	44,451	26,784	21,170	65,787	20,987	763	242	73
Nursing Facility	25,412	3	31	14	436	2,008	4,259	8,885	9,776
ICF - MR	1,819	12	75	187	1,250	254	34	7	0
Home Health	3,529	475	129	129	911	1,597	148	88	52
Day Care	997	0	0	8	245	297	203	168	76
Personal Care	3,404	28	50	59	336	839	754	804	484
Physician Services	295,062	60,016	40,286	29,257	93,943	36,183	14,370	12,592	8,415
Clinic Services	42,195	11,716	5,246	7,246	15,571	1,974	291	120	31
EPSDT Services	30,358	21,939	6,883	1,526	10	0	0	0	0
Rural Health	692	308	136	42	134	38	17	11	6
Pharmacy	274,392	55,754	35,290	26,761	86,689	33,827	14,267	12,894	8,910
Dental Services	75,804	13,137	24,240	11,772	20,952	3,974	999	510	220
Lab & X-Ray	84,398	16,687	6,484	11,207	34,008	10,797	1,507	1,921	1,787
Vision Care	56,953	3,728	11,872	6,264	19,374	10,642	2,344	1,557	672
Ambulance/WCV	11,397	170	113	193	1,392	1,866	1,906	3,027	2,730
Physical Therapy	535	40	26	18	276	159	11	5	0
Podiatry	15,327	106	282	382	2,355	2,533	2,386	3,546	3,237
Medical Supplies	11,691	3,070	676	346	1,581	1,970	1,298	1,583	1,167
2176 Waiver	447	11	9	15	279	111	20	2	0
HMO	26,564	7,043	7,743	3,166	6,927	1,189	308	136	52

[1] Includes recipients of care in HMO facilities, not previously reported in this table.

[2] Inpatient hospital recipients include all inpatient hospital services (general, special, and state facilities) as well as carry-over from fiscal year 1985. The number of recipients will appear greatly increased over past years.

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TABLE 17. AVERAGE PAYMENT PER RECIPIENT OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1986

TYPE OF MEDICAL CARE OR SERVICE	AGE OF RECIPIENT IN YEARS								
	All Ages	Under 6	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	85 +
Total - All Services[1]	$1,945	$904	$466	$1,161	$1,948	$3,187	$3,883	$5,702	$7,137
Inpatient Hospital[2]	3,263	3,822	2,757	2,646	3,488	4,761	2,378	1,926	1,145
Outpatient Hospital	350	218	225	325	440	534	341	310	151
Nursing Facility	7,979	8,850	-14,750	10,035	11,088	9,471	7,982	7,778	7,785
ICF - MR	29,050	24,086	28,284	28,499	29,655	27,302	26,049	30,470	0
Home Health	1,102	842	675	1,131	1,099	1,117	1,460	1,508	2,387
Day Care	4,015	0	0	3,980	5,022	3,927	3,943	3,318	2,843
Personal Care	1,611	981	1,285	1,305	1,784	1,537	1,609	1,665	1,622
Physician Services	177	115	81	164	216	304	191	170	142
Clinic Services	205	73	111	121	309	678	413	325	24
EPSDT Services	49	52	40	42	40	0	0	0	0
Rural Health	146	172	107	106	144	194	83	67	74
Pharmacy	177	42	48	81	153	384	443	464	424
Dental Services	63	52	70	92	49	48	46	41	37
Lab & X-Ray	35	17	26	36	40	53	32	36	38
Vision Care	49	30	41	48	51	60	55	51	42
Ambulance/WCV	105	86	5	139	168	188	95	72	62
Physical Therapy	100	159	58	46	94	109	112	27	0
Podiatry	45	33	46	82	97	62	28	22	19
Medical Supplies	280	252	260	507	361	456	175	168	155
2176 Waiver	10,338	16,448	16,760	8,556	9,745	11,048	9,756	10,424	0
HMO	619	389	438	453	955	1,521	1,054	725	743

[1] Includes capitation payments made for Health Maintenance Organization (HMO); but does not include premiums paid for buy-in of Part B of Medicare or payments for General Transportation Services.

[2] Average payments reflect the inclusion of all hospital services (general special, and state facilities) as well as carry-over from fiscal year 1985.

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TABLE 13. HOSPITAL PROGRAM: INPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1986

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL - ALL HOSPITALS[1]	9,041,957	$295,509,464
TOTAL - GENERAL AND SPECIALTY	8,870,846	$268,628,325
Room and Board	556,568	$135,066,615
Operating/Recovery Room	182,445	14,429,011
Anesthesia	131,837	3,032,171
Delivery Room	21,353	8,585,676
Nursery	39,385	7,556,854
Laboratory	2,241,068	24,957,943
Radiology	206,264	8,391,558
EKG, EEG, etc.	65,660	2,723,513
Pharmacy	2,969,504	18,033,971
Blood/Trans	55,770	3,649,715
Supplies	1,574,591	15,978,925
Inhalation Therapy	446,609	7,023,761
Physical/Occupational Therapy	117,316	2,487,109
Emergency	31,468	3,063,936
Other	192,703	11,068,745
Inpatient Deductible	11,957	$4,779,946
Inpatient Coinsurance	12,267	3,085,414
Inpatient Collections	14,081	(5,286,538)
TOTAL - STATE HOSPITALS	171,111	$26,881,139
Room and Board	165,515	27,239,552
Inpatient Deductible	95	32,962
Inpatient Coinsurance	5501	1,069,483
Inpatient Collections	—	(1,460,858)

[1] Includes State Hospital services and payments, not previously included in this table.

* Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

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TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1986

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL ALL FACILITIES	5,740,244	$255,616,155
TOTAL HOSPITAL BASED FACILITIES		
SNF (Days)	31,085	$2,050,861
TOTAL FREE-STANDING AND STATE FACILITIES	5,709,159	253,565,294
Days of Care by Level and Intensity*		
ICF - Light	1,215,622	52,711,218
ICF - Moderate	2,018,041	95,076,487
ICF - Heavy	601,207	32,586,787
ICF - Heavy Special	1,144,898	62,809,558
SNF - Light	40,052	1,647,216
SNF - Moderate	84,959	3,972,368
SNF - Heavy	22,853	1,209,028
SNF - Heavy Special	51,700	2,978,825
ICF - MR	524,839	$55,339,481
TOTAL DAYS	5,704,171	$308,330,968
Medicare Coinsurance Days	4,988	$242,310
Ancillary Services	3,592,395	$11,735,999
Patient Resources/Collections	178,052	($66,743,983)

*Figures indicated are those as billed by providers and do not reflect adjustments based on review by the Department. Included in this section are 524,839 ICF-MR days of care and payments of $52,841,668 to state facilities for the mentally retarded.

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TABLE 20. HOSPITAL PROGRAM: OUTPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1986

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL	2,360,688	$63,079,477
Clinic Visits	326,326	12,670,173
C & Y Clinic Visits	12,167	486,800
Emergency Room Visits	207,000	11,093,240
Operating/Recovery Room	109,940	4,388,046
Anesthesia	59,240	684,100
Delivery Room	4,771	597,361
Radiology	158,940	8,116,312
Laboratory	759,578	9,906,103
EKG, EEG, etc.	25,153	1,097,196
Pharmacy	188,559	1,251,167
Blood/Transfusions	7,591	318,546
Supplies	224,607	2,193,687
Physical/Occupational Therapy	70,672	2,010,249
Other Covered Services	105,924	4,793,229
Psych. Day Care	5,858	382,191
Outpatient Deductible	16,032	615,626
Outpatient Coinsurance	77,434	2,536,817
Collections	896	(61,366)

* Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

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TABLE 21. PHYSICIAN PROGRAM; OFFICE, HOME AND NURSING FACILITY SERVICES AND PAYMENTS: FISCAL YEAR 1986

TYPE OF SERVICE	SERVICES	PAYMENTS
Total	1,932,092	$33,251,237
Total Visits	889,824	17,217,030
Office	879,025	
Home	867	
Nursing Facility	9932	
EPSDT Screens	44,332	1,480,150
Consultations	10,052	310,241
Laboratory	262,746	1,383,566
X-Ray	32,264	754,257
EEG, EKG	14,7166	212,340
Drugs Dispensed	90,576	482,495
Clinics and Other	130,518	8,632,292
Other Specified Services	261,305	352,584
Medicare Deductible	41,798	1,054,108
Medicare Coinsurance	153,921	1,372,174

Payments to Freestanding Clinic Providers[1]

Type of Clinic	Number of Clinics	Total Patients	Total Payments
Total All Clinics	381	55,627	$9,911,125
Abortion	2	1053	140,430
Childen and Youth[2]	4	9738	1,025,060
Community Health Center[2]	16	20,249	1,484,587
Drug Abuse	16	2496	1,584,148
Family Planning	8	10,574	764,259
Local Health	251	21,746	1,020,592
Mental Health Outpatient	58	8318	2,703,336
Mental Health Rehabilitation	23	800	1,074,654
Refugee	1	209	13,011
Rural Health	2	693	101,048

1 Payments to freestanding clinics are included in Physician Services totals.

2 Payments shown here may include some services paid prior to facility becoming a designated clinic provider.

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TABLE 22. PHYSICIAN IN HOSPITAL PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1986

	SERVICES				PAYMENTS			
TYPE OF SERVICE	Total	Inpatient	Outpatient	Emergency Room	Total	Inpatient	Outpatient	Emergency Room
Total	1,153,548	704,803	260,574	188,171	$29,394,248	$21,938,763	$5,617,208	$1,838,277
Attending Physician	415,758	275,070	18,945	121,743	4,600,162	3,371,466	83,421	1,151,275
Surgery	85,645	51,287	19,986	14,372	10,706,635	8,468,630	1,942,181	295,824
Anesthesiology	28,226	21,043	7,142	41	2,087,746	1,731,988	354,440	1,318
Consultation	42,359	38,535	3,473	351	940,393	876,470	54,351	9,572
Radiology	269,848	112,546	112,867	44,435	3,390,295	1,523,074	1,552,845	314,376
Pathology	49,870	25,552	22,631	1,687	414,883	242,134	166,804	5,945
Other Specified Services	135,772	101,433	28,797	5,542	2,668,248	2,119,838	488,443	59,967
Medicare Deductible & Coinsurance	126,070	79,337	46,733	—	4,579,886	3,605,163	974,723	—

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TABLE 23. PHARMACY PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1986

	Number of Invoices	Payments[1]	Average Payment Per Invoice
Total	3,265,811	$48,484,624	$14.85
Invoices reimbursed on Usual and Customary basis	1,126,405	15,567,656	13.82
Invoices reimbursed on allowable cost plus professional fee basis	2,139,406	32,916,968	15.39
Legend Drugs	2,067,773	31,746,361	15.35
Over-the-Counter Drugs	71,633	1,170,607	16.34

[1] Does not include $.50 copayment made by recipients in state-only categories for each prescription filled except for EPSDT related and family planning prescriptions.

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TABLE 24. SPECIAL SERVICES PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1986

TYPE OF SERVICE	NUMBER OF SERVICES	PAYMENTS
TOTAL SPECIAL SERVICES	900,799	$10,961,272
OPTOMETRIST-OPTICIAN SERVICES	299,906	$2,781,882
Diagnostic Services	103,765	1,060,145
Dispensing Services	47,051	652,061
Fabrication Services	148,281	1,054,979
Deductible and Coinsurance	809	14,697
AMBULANCE	55,437	$886,216
One Way Trips	7,036	349,819
Additional Miles	23,439	23,247
Other Services	689	11,081
Medicare Deductible and Coinsurance	24,273	502,069
VAN	15,246	$307,958
One Way Trips	11,445	294,937
Additional Miles	2,553	1,554
Other Services	1,248	11,467
PODIATRY	44,013	$685,697
Visits	2,266	20,884
Bone Joint Surgery	3,825	254,156
X-Ray & Laboratory	3,267	36,175
Other Procedures	9,754	135,568
Medicare Deductible and Coinsurance	24,901	238,914
MEDICAL LABORATORY SERVICES	325,935	$2,977,463
X-Ray & Laboratory	316,603	2,804,915
Medicare Deductible and Coinsurance	9,332	172,548
DURABLE MEDICAL EQUIPMENT	152,700	$3,211,923
DME and Supplies	125,200	2,439,363
Medicare Deductible and Coinsurance	27,698	772,560
HEARING AIDS	1,913	$60,567

TABLE 24. SPECIAL SERVICES PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1986 (continued)

TYPE OF SERVICE	NUMBER OF SERVICES	PAYMENTS
PHYSICAL THERAPY	5,545	$53,484
Physical Therapy Services	5,515	52,500
Medicare Deductible and Coinsurance	30	984
COLLECTIONS	104	($3,918)

TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1986

LOCATION AND NAME OF HOSPITAL	SERVICES[1]		PAYMENTS	
	Discharges	Days	Total	Per Diem
GRAND TOTAL	87,060	722,083	$295,509,464	$409.25
GENERAL HOSPITALS	84,202	464,453	238,217,379	512.90
CHRONIC HOSPITALS	525	46,127	7,827,009	169.68
SPECIALTY HOSPITALS	1,833	45,988	22,756,186	494.83
*STATE CHRONIC HOSPITALS	278	42,757	8,951,080	209.35
*STATE MENTAL HOSPITALS	222	122,758	17,930,059	146.09
CREDITS/ADJUSTMENTS	--	--	(172,249)	
GENERAL HOSPITALS	84,202	464,453	$238,217,379	$512.90
Baltimore City	48,152	279,602	$158,731,956	$567.71
Bon Secours	1,510	9,784	4,707,507	481.14
Church Hospital	1,120	7,066	4,353,937	616.18
Good Samaritan	235	1,576	660,925	419.36
Johns Hopkins	9,280	53,636	33,654,989	627.47
Francis Scott Key Medical Center	3,828	22,623	11,480,734	507.48
Lutheran	1,517	10,264	5,072,075	494.16
Maryland General	2,737	13,614	8,150,048	603.08
Mercy Hospital	2,425	13,459	7,094,804	527.14
North Charles General	1,702	12,341	5,517,435	447.08
Provident	2,632	16,032	7,245,046	451.91
St. Agnes	2,971	16,004	7,752,129	484.38
Sinai	3,439	18,018	10,088,186	559.89
South Baltimore General	2,681	11,193	4,927,380	440.21
Union Memorial	2,766	11,972	6,791,454	567.27
University of Maryland	8,407	55,885	39,269,858	702.69
Wyman Park Health System	902	6,235	1,965,449	315.22
Counties	33,106	167,833	$68,567,456	$408.54
Anne Arundel General	746	3,689	1,508,488	408.91
Baltimore County General	343	2,400	1,179,664	491.53
Calvert Memorial	758	3,930	1,457,630	370.89
Carroll County General	296	1,233	509,034	412.84
Doctors' Hospital of P.G. County	367	2,321	779,378	335.79
Dorchester General, Cambridge	616	2,734	1,107,362	405.03
Edward McCready Memorial	236	949	394,016	415.19
Eugene Leland Memorial	529	4,773	1,571,553	329.25
Fallston General	650	5,187	1,730,643	333.65

Individual entries include direct third party recoveries and Medicare deductibles and coinsurance.

*Not previously included in this Table

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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES[1]		PAYMENTS	
	Discharges	Days	Total	Per Diem
Counties (continued)				
Franklin Square	2,354	12,216	5,074,387	415.38
Frederick Memorial	813	3,527	1,200,469	340.36
Frostburg Community (Miner's)	135	783	381,520	487.25
Garrett County Memorial	513	1,854	743,382	400.96
Greater Baltimore Medical Center	1,187	5,211	2,451,646	470.47
Greater Laurel, Beltsville	426	3,091	1,092,629	353.48
Harford Memorial	963	3,597	1,470,907	408.92
Holy Cross	950	4,948	2,234,800	451.65
Howard County General	508	2,860	1,169,704	408.98
Kent & Queen Anne's General	566	2,326	801,152	344.43
Memorial, Cumberland	1,026	4,264	1,624,024	380.86
Memorial Hospital at Easton	1,241	5,055	1,857,294	367.41
Montgomery General	933	5,788	2,173,644	375.54
North Arundel	1,002	5,550	2,012,881	362.68
Parkwood	61	258	123,800	479.84
Peninsula General	2,231	10,722	4,013,982	374.36
Physicians' Memorial	996	3,847	1,556,689	404.65
Prince George's General	4,313	24,065	11,210,401	465.83
Sacred Heart	1,254	5,498	1,812,096	329.59
St. Joseph's	762	3,803	1,794,091	471.75
St. Mary's	700	2,576	1,041,747	404.40
Shady Grove Adventist	829	3,669	2,010,560	547.98
Southern Maryland	1,221	6,552	2,868,039	437.73
Suburban	465	3,757	1,491,536	397.00
Union of Cecil	919	3,345	1,382,659	413.35
Washington County	1,396	5,777	3,536,098	438.99
Washington Adventist	801	5,678	2,199,551	387.38
Washington D. C.	2,374	13,560	$9,199,564	$678.43
Capitol Hill	24	104	55,379	532.48
Columbia	17	39	27,063	693.93
D. C. General	105	832	497,073	597.44
George Washington	83	759	667,191	879.03
Georgetown University	369	2,769	1,903,507	687.43
Greater Southeast Community	1,015	4,803	2,951,764	614.56
Hadley Memorial	29	172	84,613	491.93
Howard University	115	670	454,383	678.18
Providence	151	597	323,000	541.03
Sibley Memorial	41	280	114,206	407.87
Washington Hospital Center	425	2,535	2,121,385	836.83

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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES[1]		PAYMENTS	
	Discharges	Days	Total	Per Diem
Other Out of State	537	3,194	$1,492,584	$467.31
Kidney Disease Program	33	264	$225,819	$855.37
CHRONIC HOSPITALS	525	46,127	$7,827,009	$169.68
Children's Hospital (Chronic)	13	914	145,157	158.81
Good Samaritan Hospital (Special)	135	2,412	810,683	336.10
John L. Deaton (Chronic)	250	24,340	3,658,905	150.32
Francis Scott Key (Chronic)	0	270	37,710	139.66
Levindale Hospital (Chronic)	46	4,621	1,097,221	237.44
Mason F. Lord Hospital (Chronic)	54	7,995	1,341,035	167.73
Prince George's Hospital (Chronic)	26	5,358	722,259	134.80
Keswick Home (Chronic)	1	217	14,039	64.69
SPECIALTY FACILITIES	1,833	45,988	$22,756,186	$494.83
Bryn Mawr Rehab Hospital	26	1,593	356,823	223.99
Childrens Hospital	123	781	390,741	500.30
Children's Hospital of D.C.	916	8,218	8,414,319	1,023.88
Elizabethtown Hosp. Child & Youth Center	3	122	2,973	24.36
Hospital for Sick Children - DC	21	3,499	1,116,708	319.15
James Kernan	95	634	340,482	537.03
John F. Kennedy Institute	308	7,353	3,575,468	486.25
Johns Hopkins Oncology Ctr.	184	1,260	1,367,286	1,085.14
Lake Erie Inst. Rehab.	9	3,257	782,629	240.29
Mt. Washington Pediatric Hosp.	138	18,441	6,186,849	335.49
National Orthopedic - DC	2	15	3,416	227.76
Reading Rehab Hospital	7	712	200,913	282.18
Rehab. Hospital Spec. Services-York	1	72	20,808	289.00
Woodrow Wilson Rehab. Ctr.	0	31	(3,229)	—

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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES[1] Discharges	SERVICES[1] Days	PAYMENTS Total	PAYMENTS Per Diem
STATE CHRONIC HOSPITALS[2]	278	42,757	$8,951,080	$209.35
Deers Head	92	12,556	2,073,405	165.13
Montebello	115	13,648	4,465,839	327.21
Western Maryland	71	16,553	2,411,836	145.70
STATE MENTAL HOSPITALS[2]	222	122,758	$17,930,059	$146.06
Walter P. Carter Center A	5	3,245	531,056	163.65
Carter Inpatient Psych	0	204	28,492	139.66
Crownsville	31	20,723	3,691,632	178.14
Eastern Shore Hospital Center	41	14,840	2,381,873	160.50
Thomas B. Finan Center	28	6,031	948,585	157.28
Highland Health	0	78	35,858	459.71
Spring Grove	37	12,424	1,681,812	135.36
Springfield	76	64,394	8,512,366	132.19
Upper Shore	4	819	118,385	144.54
MEDICARE-DEDUCTIBLE AND COINSURANCE*			$8,980,956	
DIRECT THIRD PARTY RECOVERIES*			$7,114,871	

[1]The increase in discharges and days for acute general hospitals is partly due to the carry over in billing from fiscal year 1985 and partly due to changes in billing procedures involving births. Newborn expense are now billed separately from that of the mother. See Program Trends for additional information.

[2]State Chronic Hospitals and State Mental Hospitals were not previously included in this Table.

*Included in individual entries and subtotals.

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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1986

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
GRAND TOTAL - ALL FACILITIES[1]	201	5,740,244	$255,616,155
TOTAL - ICF-MR FACILITIES	8	524,839	$52,841,668
TOTAL - FREE STANDING NURSING FACILITIES[2]	193	5,215,405	$202,774,487
Baltimore City	44	1,450,408	$63,266,463
Ardleigh Nursing Home		12,029	441,872
Ashburton Nursing Home		13,129	566,359
Belair Convalesarium		64,713	2,432,984
Caton Manor Nursing Center		53,419	1,891,511
Century Home		22,606	911,405
Crawford Retreat		7388	291,101
Deaton Medical Center Nursing Home		46,873	3,513,441
Deaton Hospital & Medical Center South		589	39,956
Dukeland Nursing Home - Queen Manor		35,996	1,383,246
Edgewood Nursing Home		29,781	1,141,564
Federal Hill Nursing Center		103,803	4,091,804
Friedlers Guest House		11,987	461,357
Garden Village		31,611	1,209,061
Garrison Nursing Home		7366	300,704
Granada Nursing Home		41,914	1,620,460
Greater Pennsylvania Avenue Nursing Center		43,081	1,742,826
Greenwood Acres Nursing Home		7928	400,693
Hamilton Nursing Center		24,003	887,956
Harford Gardens Convalescent Center		19,242	770,044
Haven Nursing Home		7077	295,962
Hayes Care Home		4119	181,614
Jenkins Memorial		29,759	1,091,443
Kenesaw Nursing Home		9757	381,931
Kenson Nursing Home		12,119	527,523
Keswick Home		25,451	1,403,889

1 Includes Intermediate Care Facility - Mental Retardation (ICF-MR) Facilites.
2 Includes credits totalling $29,991.

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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	NUMBER OF DAYS	NET PAYMENTS
Baltimore City (Continued)			
Key Circle Hospice		30,232	1,094,696
Lafayette Square Nursing Center		89,437	3,806,030
Lake Drive Nursing Home		16,364	714,096
Levindale Home		77,047	5,393,431
Maryland Rehabilitation Center		2,431	47,808
Mason F. Lord Nursing Facility		57,285	3,548,358
Lincoln Convalescent Center		80,249	3,462,151
Long Green Nursing Center		15,581	464,533
Maryland Baptist Aged Home		11,791	489,351
Melchor Nursing Home		16,097	682,033
Mt. Vernon Care Center		48,225	1,938,994
Mt. Sinai Nursing Home		20,383	816,081
Pall Mall Nursing Home		29,799	1,177,883
Park Manor Nursing Home		18,099	760,373
Pimlico Manor		54,154	2,226,629
Pleasant Manor Nursing Home		40,860	1,504,816
Poplar Manor Nursing Home		49,624	2,086,110
Seton Hill Manor		107,453	4,137,925
Villa St. Michael		19,557	934,459
Allegany County	5	154,659	$5,141,474
Allegany County Nursing Home		52,690	1,847,638
Cumberland Villa Nursing Center		23,157	634,958
Egle Nursing Home		7,551	303,955
Frostburg Villa Nursing Home of Allegany County		46,513	1,488,776
Lions Manor Nursing Home		24,748	866,147
Anne Arundel County	12	261,714	$9,367,983
Annapolis Convalescent Center		13,415	486,512
Arundel Geriatrics Nursing Center		28,683	1,131,116
Bay Manor Nursing Home		25,050	1,048,258

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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Anne Arundel County (continued)			
Crofton Convalescent Center		24,933	962,355
Fairfield Nursing Center		24,576	777,174
Hammonds Lane Nursing Center		25,388	675,423
Knollwood Manor		26,945	1,016,684
Maryland Manor of Glen Burnie		31,151	1,098,693
Meridian Nursing Center - Severna Park		20,523	660,834
North Arundel Nursing and Convalescent Center		18,986	682,856
Plaza Manor Convalescent Home		-46	-8332
Pleasant Living Convalescent Center		22,110	836,410
Baltimore County	36	997,519	$37,221,380
Armacost Nursing Home		14,141	615,532
Augsburg Lutheran Home		19,781	656,389
Bent Nursing Home		16,427	697,034
Breightonwood		11,351	398,109
Chapel Hill Convalescent Home		17,612	664,899
Dulaney Towson Nursing Home		25,015	901,644
Eastpoint Nursing Home		42,504	1,579,478
Forest Haven Nursing Home		54,546	1,807,939
Frederick Villa Nursing Center		18,293	550,681
Garrison Valley Center		27,560	1,066,530
Heritage Nursing Center		42,835	1,461,818
Holly Hill Manor		3,331	126,058
Hurwitz House		4,806	175,677
Inglenook Nursing Home		23,869	989,026
Ivy Hall Nursing & Convalescent Home		16,648	825,740
Jewish Convalescent & Nursing Home		42,676	1,640,899
Katherine Robb Nursing Home		4,666	167,854
Little Sisters of the Poor		19,919	759,788
Manor Care - Rossville		41,276	1,446,279
Manor Care - Ruxton		27,765	993,422
Manor Care - Towson		16,628	600,080
MD Health Care Association - T/A Perring Pkwy.		26,994	1,070,846
Meridian Health Care - Catonsville		33,715	1,155,384
Milford Manor Nursing Home		17,488	675,751
Old Court Nursing Home		40,156	1,547,917
Pickersgill		13,631	444,223
Pikesville Convalescent Home		36,994	1,467,033
Meridian Nursing Center - Randallstown		59,696	2,026,724
Ridgeway Manor		15,545	679,949
Riverview Nursing Centre		72,006	2,929,289

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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Baltimore County (Continued)			
St. Joseph's Nursing Home		4,131	170,982
St. Luke Lutheran Home		4,896	193,001
Stella Maris Hospice		83,359	3,073,001
Summit Nursing Home		16,023	615,668
Valley Nursing & Convalescent Center		45,943	1,777,047
Valley View Nursing Home		35,293	1,209,689
Calvert County	2	34,007	$1,240,017
Calvert County Nursing Center		21,208	736,695
Calvert House		12,799	503,322
Caroline County	2	54,826	$1,968,184
Caroline Nursing Home		16,855	551,313
Wesleyan Health Care Center		37,971	1,416,871
Carroll County	6	106,171	$3,881,493
Carroll Lutheran Villa Home Care Center		10,866	356,461
Golden Age Guest Home		4,010	164,688
Long View Nursing Home		9,944	375,178
Pleasant View Nursing Home #2		35,323	1,328,520
Sykesville Eldercare Center		17,804	680,588
Westminster Villa Nursing Center		28,224	976,058
Cecil County	3	51,109	$1,918,084
Calvert Manor Nursing Home		8,950	300,526
Devine Haven Convalescent Home		11,795	458,260
Laurelwood Nursing Center		30,364	1,159,298
Charles County	2	73,038	$2,803,722
Charles County Nursing Home		29,916	1,206,204
Meridian Nursing Center - La Plata		43,122	1,597,518
Dorchester County	2	56,870	$2,215,381
Cambridge House		48,287	1,872,742
Glasgow Nursing Home		8,583	342,639

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Frederick County	5	87,644	$2,983,894
Citizens Nursing Home of Frederick County		51,127	1,773,439
Frederick Nursing Center		22,889	750,602
Homewood Retirement Center		4,460	122,172
North Hampton Manor		2,270	88,487
Vindobona Nursing Home		6,898	249,194
Garrett County	3	102,197	$3,579,194
Cuppett & Weeks Nursing Home		47,718	1,693,900
Dennett Road Manor		33,527	1,216,857
Goodwill Mennonite Home		20,952	668,437
Harford County	3	91,698	$3,705,763
Belair Convalescent Center		24,904	951,727
Brevin Nursing Home		13,623	604,783
Citizens Nursing Home		53,171	2,149,253
Howard County	2	55,873	$2,173,379
Bon Secours Ext Care Facility		608	34,201
Lorien Nursing & Convalescent Home		55,265	2,139,178
Kent County	1	12,422	$422,697
Magnolia Hall		12,422	422,697
Montgomery County	20	520,261	$19,863,935
Bel Pre Health Care Center		14,456	491,095
Bethesda Health Center		20,429	849,829
Brooke Grove Nursing Home		5,578	201,180
Circle Manor Nursing Home		26,584	1,201,207
Collingswood Nursing Center		19,736	730,394
Colonial Villa Nursing Home		11,668	455,929
Fairland Nursing Home		10,434	460,366
Friends House Nursing Home		5,242	156,763
Grosvenor Health Care Center		25,120	975,177
Hebrew Home of Greater Washington		111,661	4,307,275

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENT BY FACILITY: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Montgomery County (Continued)			
Heritage Health Care Center		10,637	402,725
Herman M. Wilson Health Care Center		61,676	2,099,312
Kensington Nursing Center		37,129	1,457,322
National Lutheran Home for Aged		57,539	2,047,374
Potomac Valley Nursing Center		17,613	753,338
Randolph Hills Nursing Home		12,445	481,806
Rockville Nursing Home		9,941	321,743
Sharon Nursing Home		3,690	126,881
Sylvan Manor Health Care Center		24,624	944,955
University Nursing Home		34,059	1,399,264
Prince George's County	14	399,212	$16,422,251
Carroll Manor		32,912	1,149,211
Clinton Convalescent Center		64,565	2,761,606
Fort Washington Rehab. Center		35,348	1,684,192
Gladys Spellman (P.G. Nursing Center)		25,715	1,860,739
Greenbelt Nursing Home		26,870	917,544
Greater Laurel Nursing Home		27,605	1,132,213
Hillhaven Nursing Home		1,037	35,281
Hyattsville Manor		43,084	1,610,053
Madison Manor Nursing Home		8,842	361,614
Magnolia Gardens Nursing Home		21,638	806,605
Manor Care - Largo		20,736	769,539
Presidential Woods Health Center		65,112	2,418,269
Regency Nursing Center		17,280	637,493
Sacred Heart Home		8,468	277,892
Queen Anne's County	1	51,189	$1,700,586
Corsica Hills Nursing Center		51,189	1,700,586
St. Mary's County	2	48,361	$1,736,125
Amber House		32,378	1,137,517
St. Mary's Nursing Home		15,983	598,608
Somerset County	2	42,301	$1,801,297
Alice Byrd Tawes Nursing Home		18,557	776,519
Manokin Manor		23,744	1,024,778

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICE AND PAYMENT BY FACILITY: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Talbot County	3	58,234	$2,040,987
Memorial Hospital At Easton		8,245	528,813
The Pines		44,376	1,322,405
William Hill Manor		5,613	189,769
Washington County	10	231,036	$7,782,691
Avalon Manor		56,250	2,089,668
Clearview Nursing Home, Inc.		1,858	60,214
Coffman Home for the Aging		19,806	735,544
Colton Villa Nursing Center		40,251	1,116,759
Fahrney Keedy Memorial Home for the Aged		14,788	472,616
Garlock Memorial Convalescent Center		11,210	419,987
Homewood Retirement Center		9,905	342,066
Ravenwood Lutheran Village Nursing Home		16,194	548,132
Reeder Memorial Home		40,479	1,343,847
Williamsport Nursing Home		20,295	653,858
Wicomico County	3	131,369	$4,486,074
Riverwalk Manor		48,908	1,808,877
Salisbury Nursing Home		62,938	1,908,162
Wicomico Nursing Home		19,523	769,035
Worcester County	3	60,489	$2,196,102
Berlin Nursing Home		35,369	1,216,756
Harrison House		12,947	485,877
Hartley Hall		12,173	493,469
TATE NURSING FACILITIES	3	42,174	$1,678,963
Deer's Head Nursing Center		7,350	304,994
Tawes/Bland Bryant Nursing Center		15,206	601,802
Western Maryland Center		19,618	772,167
UT-OF STATE NURSING FACILITIES	4	40,624	$1,206,359
Brandywine Convalescent Home		2,623	80,064
Harrison House of Delmar		31,370	892,406
Seaford Health Care Center		6,080	215,542
Washington Home for Incurables		551	18,347

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MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICE AND PAYMENT BY FACILITY: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF FACILITY	FACILITIES	NUMBER OF DAYS	NET PAYMENTS
STATE ICF-MR FACILITIES	8	524,839	$52,841,668
Joseph D. Brandenburg Center		14,466	1,431,116
Walter P. Carter Center		1,401	434,980
Victor Cullen Center		27,598	2,775,396
Great Oaks Center		136,181	11,510,441
Highland Health Facility		28,610	2,418,322
Holly Center		63,347	7,060,772
Potomac Center		36,025	3,863,343
Rosewood Center A		217,211	23,347,298
Recoveries and Adjustments			($29,991)

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MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1986

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Coinsurance	Collection
All Hospitals	545,593	338,493	207,000	$63,079,477	$13,582,172	$11,093,240	$35,312,988	$3,152,443	$-61,366
General Hospitals in Baltimore City	414,406	292,554	121,852	$43,379,533	$11,229,020	$7,236,597	$23,432,614	$1,502,761	$-21,459
Balto. City CPPA (C & Y)	393	393	0	15,720	15,720	0	0	0	0
Bon Secours	8,869	4,306	4,563	1,443,080	125,282	483,783	702,331	131,684	0
Church	6,778	2,043	4,735	1,057,029	69,849	320,920	619,403	47,240	-383
Francis Scott Key	28,110	22,671	5,439	4,154,299	1,077,340	330,193	2,612,246	134,520	0
Good Samaritan	1,300	1,154	146	298,432	50,356	10,083	185,173	52,820	0
Johns Hopkins	115,075	86,414	28,661	12,261,685	4,136,293	1,883,427	5,943,518	298,996	-549
Johns Hopkins C & Y	6,806	6,806	0	272,320	272,320	0	0	0	0
Lutheran	11,435	7,219	4,216	1,303,846	247,009	299,302	655,859	101,676	0
Maryland General	25,928	18,320	7,608	2,523,483	484,479	480,555	1,466,444	93,502	-1,497
Mercy	14,987	9,359	5,628	2,088,352	274,377	317,821	1,424,990	77,921	-6,757
North Charles General	4,547	3,265	1,282	868,203	122,530	47,760	641,754	56,159	0
Provident	12,534	8,071	4,463	1,370,668	268,738	201,842	854,850	45,238	0
Provident-Druid C & Y	1,448	1,448	0	57,920	57,920	0	0	0	0
St. Agnes	21,433	11,053	10,380	1,612,799	317,262	438,932	835,679	25,469	-4,543
Sinai	36,050	23,557	12,493	3,302,964	692,196	839,806	1,660,977	109,985	0
South Baltimore	17,292	10,289	7,003	1,440,265	272,408	267,460	870,890	30,040	-533
Union Memorial	21,947	14,387	7,560	2,040,994	555,653	292,416	1,146,652	46,445	-172
Univ. MD. Comm. Ped. Center (C & Y)	3,520	3,520	0	140,840	140,840	0	0	0	0
University of Maryland	71,993	55,411	16,582	6,690,914	1,938,186	964,719	3,555,976	239,058	-7,025
Wyman Park Health System	3,961	2,868	1,093	435,720	110,262	57,578	255,872	12,008	0

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Coinsurance	Collection
Hospitals in Counties	111,542	35,198	76,344	$14,581,268	$1,454,494	$3,266,905	$8,887,465	$1,000,772	$-28,368
Anne Arundel General	2,961	1	2,960	364,989	28	107,583	239,779	18,047	-448
Baltimore County General	1,699	45	1,645	174,668	551	68,743	83,628	21,847	-101
Calvert Memorial	1,296	204	1,092	266,910	8,619	54,308	189,096	15,980	-1,093
Carroll County General	1,549	17	1,532	176,149	1,467	67,551	89,027	18,486	-382
Doctor's of P.G. County	1,032	0	1,032	193,153	0	60,775	113,899	18,479	0
Dorchester General, Cambridge	1,629	34	1,595	335,141	735	40,839	244,967	49,012	-412
Edward McCready Memorial	680	56	624	167,838	829	28,621	119,602	18,846	-60
Eugene Leland Memorial	1,372	124	1,248	192,807	19,664	38,709	121,026	13,481	-73
Failston General	2,007	1,225	782	237,442	29,536	31,043	161,211	16,412	-760
Franklin Square	12,431	7,443	4,988	1,271,471	259,425	232,373	747,850	33,728	-1,905
Frederick Memorial	2,499	7	2,492	288,101	554	71,297	196,028	21,176	-954
Frostburg Community	1,333	2	1,331	168,360	62	69,823	81,184	17,500	-209
Garrett County Memorial	2,762	3	2,759	264,783	145	83,085	155,543	26,191	-181
Greater Balto. Med. Center	17,256	16,412	844	1,219,459	696,167	40,375	452,372	30,644	-99
Greater Laurel	517	0	517	74,916	0	20,046	52,654	2,234	-18
Harford Memorial	2,054	332	1,722	484,552	63,067	143,610	259,600	19,070	-795
Holy Cross	4,260	2,215	2,045	528,672	84,634	114,042	286,733	43,707	-444
Howard County General	1,092	2	1,090	192,052	108	57,151	124,187	10,839	-233
Kent & Queen Anne's General	1,139	46	1,093	168,235	11,802	50,833	94,115	11,839	-354
Memorial, Cumberland	5,937	258	5,679	604,973	8,066	187,985	356,672	52,807	-557
Memorial Hospital at Easton	2,352	1	2,351	420,623	4	134,068	213,995	72,556	0
Montgomery County General	1,750	398	1,352	318,704	19,172	43,637	247,838	12,058	-4,001
North Arundel	3,251	20	3,231	364,760	454	126,901	218,111	20,678	-1,384
Parkwood	289	0	289	52,696	0	9,694	39,566	3,436	0
Peninsula General	2,438	0	2,438	437,137	0	83,001	265,722	93,197	-4,738
Physician's Memorial	2,793	0	2,793	492,150	0	159,815	308,966	24,855	-1,486
Prince George's General	10,080	4,709	5,371	1,160,073	203,818	236,194	683,595	36,647	-181
Sacred Heart	3,434	203	3,231	432,868	16,400	89,374	299,524	28,415	-845

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1986 (Continued)

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Coinsurance	Collectic
General Hospitals In Counties (continued)									
St. Joseph's	2,451	1,023	1,428	281,107	15,144	78,201	167,745	20,603	-586
St. Mary's	1,460	0	1,460	322,667	0	114,617	184,055	24,131	-136
Shady Grove Adventist	2,631	29	2,602	557,608	1,19[illegible]	129,098	391,672	35,834	-187
Southern Maryland	1,484	0	1,484	416,313	0	127,675	260,853	29,485	-1,700
Suburban	634	42	592	166,443	1,012	25,332	111,216	29,257	-374
Union of Cecil	2,203	80	2,123	415,025	946	75,877	322,239	16,424	-461
Washington Adventist	2,319	16	2,303	535,770	1,346	125,562	382,352	26,680	-170
Washington County	6,468	251	6,217	832,653	9,548	139,067	620,843	66,191	-2,996
Hospitals in D.C.	6,722	1,521	5,201	$1,355,215	$74,145	$323,026	$936,592	$22,137	$-685
Greater Southeast	4,519	28	4,491	834,369	1,430	257,448	565,621	9,870	0
Georgetown	115	5	110	139,659	560	9,823	118,931	11,030	-685
Hadley Memorial	797	416	381	111,574	8,833	31,461	71,193	87	0
Washington Hospital Ctr.	1,291	1,072	219	269,613	63,322	24,294	180,847	1,150	0
Other Out of State	2,616	260	2,356	$1,038,839	$132,292	$104,820	$534,826	$267,809	$-908
Specialty Facilities	10,170	8,926	1,244	$2,477,037	$879,933	$161,707	$1,442,028	$3,315	$-9,946
Children's D.C.	2,937	1,695	1,242	713,841	85,380	161,569	476,673	0	-9,781
Children's	418	417	1	113,280	7,165	12	104,868	1,240	-5
James Kernan	1,903	1,903	0	103,914	18,917	0	83,895	1,262	-160
J.F. Kennedy Institute	4,854	4,853	1	1,519,432	758,820	126	760,486	0	0
Mt. Washington Pediatric	58	58	0	26,570	9,651	0	16,106	813	0
Kidney Disease Program	37	34	3	$512,169	$1,308	$185	$155,027	$355,649	$0
Direct Third Party Recoveries				(264,584)	(189,020)		(75,564)		

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TABLE 28. PHYSICIAN PROGRAM: PAYMENTS AND NUMBER OF PROVIDER ACCOUNTS BY LOCATION OF PROVIDER AND PAYMENT GROUP: FISCAL YEAR 1986

	PAYMENTS		PROVIDER ACCOUNTS[1]		NUMBER OF PROVIDER ACCOUNTS IN PAYMENT GROUP						
LOCATION OF PROVIDER	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$29,999	$30,000-And Over
Grand Total	$62,489,277	99.9%	6961	100.0%	1137	1656	1949	884	628	260	447
Baltimore City	24,889,361	39.8%	1489	21.4%	222	312	375	187	140	75	178
Total Counties	34,583,693	55.3%	4291	61.6%	510	903	1342	651	462	173	250
Allegany	1,459,123	2.3%	155	2.2%	14	30	38	30	22	13	8
Anne Arundel	2,306,030	3.7%	388	5.6%	34	74	163	56	35	12	14
Baltimore	8,237,151	13.2%	920	13.2%	130	244	255	112	87	30	62
Calvert	701,375	1.1%	50	.7%	6	5	11	6	12	4	6
Caroline	124,321	.2%	16	.2%	1	3	6	2	2	1	1
Carroll	609,320	1.0%	91	1.3%	9	18	35	15	9	1	4
Cecil	515,683	.8%	51	.7%	6	10	7	13	7	3	5
Charles	783,655	1.3%	59	.9%	4	9	8	15	10	6	7
Dorchester	509,872	.8%	41	.6%	5	3	7	8	9	3	6
Frederick	690,466	1.1%	120	1.7%	11	14	54	20	15	4	2
Garrett	363,328	.6%	21	.3%	1	3	3	6	4	1	3
Harford	1,511,310	2.4%	154	2.2%	15	21	44	34	18	10	12
Howard	1,493,253	2.4%	149	2.1%	16	23	55	22	17	5	11
Kent	261,052	.4%	33	.5%	1	7	10	6	5	3	1
Montgomery	4,612,057	7.4%	865	12.4%	126	224	301	104	57	22	31
Prince George's	5,571,177	8.9%	712	10.2%	84	130	232	116	83	30	37
Queen Anne's	135,623	.2%	13	.2%	1	0	4	3	2	2	1
St. Mary's	569,901	.9%	56	.8%	7	16	9	6	11	4	3
Somerset	314,461	.5%	18	.3%	1	1	4	2	6	0	4
Talbot	869,545	1.4%	75	1.1%	8	16	14	13	15	1	8
Washington	1,229,363	2.0%	131	1.9%	14	22	39	19	17	9	11
Wicomico	1,507,723	2.4%	146	2.1%	12	28	34	34	18	9	11
Worchester	207,904	.3%	27	.4%	4	2	9	9	1	0	2
Out of State	3,016,223	4.8%	1181	17.0%	405	441	232	46	26	12	19

[1] Provider Accounts include Individual and Group Physician Accounts and Contract Clinic Accounts

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TABLE 29. DENTAL PROGRAM: PAYMENTS AND NUMBER OF DENTAL ACCOUNTS BY PROVIDER LOCATION AND PAYMENT GROUP: FISCAL YEAR 1986

LOCATION OF PHARMACY	PAYMENTS[1]		PARTICIPATING PHARMACIES		NUMBER OF PHARMACIES IN PAYMENT GROUP					
	Amount	Percent of Total	Number	Percent of Total	Under $1,000	$1,000 $4,999	$5,000 $9,999	$10,000 $19,999	$20,000 $49,999	$50,000 And Over
Grand Total	$4,744,469	100.0%	1338	100.0%	244	485	378	106	75	50
Baltimore City	2,063,341	43.5%	257	19.2	29	64	72	32	29	31
Total Counties	2,570,599	54.2%	993	74.2%	181	387	291	72	45	17
Allegany	142,154	3.0%	36	2.7%	4	6	16	6	4	0
Anne Arundel	294,283	6.2%	119	8.9%	17	56	32	5	7	2
Baltimore	493,908	10.4%	203	15.2%	42	81	56	12	7	5
Calvert	39,860	.8%	12	.9%	0	5	4	2	1	0
Caroline	7,694	.2%	5	.4%	0	2	3	0	0	0
Carroll	34,077	.7%	38	2.9%	4	22	11	1	0	0
Cecil	66,052	1.4%	18	1.3%	0	7	6	3	2	0
Charles	44,535	.9%	19	1.4%	2	11	2	3	1	0
Dorchester	55,388	1.2%	10	.7%	0	3	3	1	3	0
Frederick	50,643	1.1%	30	2.3%	7	9	13	0	1	0
Garrett	46,846	1.0%	10	.7%	1	0	6	2	1	0
Harford	149,600	3.2%	52	3.9%	10	18	18	2	2	2
Howard	72,602	1.5%	38	2.8%	12	15	8	2	0	1
Kent	14,804	.3%	4	.3%	0	0	3	1	0	0
Montgomery	261,913	5.5%	144	10.8%	38	63	32	5	5	1
Prince George's	380,982	8.0%	154	11.5%	27	64	38	17	7	1
Queen Anne's	9,417	.2%	6	.5%	0	1	5	0	0	0
St. Mary's	28,529	.6%	14	1.0%	0	5	8	1	0	0
Somerset	6,459	.2%	3	.2%	0	2	0	1	0	0
Talbot	70,845	1.5%	8	.6%	3	0	3	0	0	2
Washington	147,013	3.1%	40	3.0%	9	7	15	6	1	2
Wicomico	141,415	3.0%	23	1.7%	4	7	7	1	3	1
Worcester	11,580	.2%	7	.5%	1	3	2	1	0	0
Out-of-State	110,529	2.3%	88	6.6%	34	34	15	2	1	2

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 30. HOME AND COMMUNITY HEALTH PROGRAMS: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1986

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE									
		Nursing Service	Home Health Aide	Physical Therapy	Speech Therapy	Occupational Therapy	Other Service	Medical Day Care	Personal Care	Waivers	Collections
Maryland State	$17,997,787	$2,375,331	$768,056	$360,979	$123,979	$117,972	$200,775	$4,002,585	$5,483,792	$4,621,247	$-56,929
Baltimore City	7,873,083	1,302,218	285,910	137,843	50,241	63,201	150,374	1,520,642	2,945,415	1,435,291	-18,052
Total Counties	10,124,704	1,073,113	482,146,	223,136	73,737	54,771	50,401	2,481,943	2,538,377	3,185,956	-38,877
Allegany	713,289	67,357	2,218	7,150	3,480	41	-1,910	219,983	247,574	167,605	-209
Anne Arundel	1,402,422	70,962	23,305	22,221	6,848	6,665	22,659	929,383	87,752	234,094	-1,467
Baltimore	1,154,615	107,818	58,563	21,709	3,926	5,952	18,401	139,231	261,207	542,351	-4,543
Calvert	83,853	21,980	12,589	11,280	6,124	1,647	2,354	0	28,362	526	-1,009
Caroline	101,830	13,418	1,536	7,834	2,737	0	-3,831	0	56,158	23,978	0
Carroll	591,871	12,868	3,602	6,491	3,114	2,293	1,100	5,006	114,975	445,722	-3,300
Cecil	69,289	29,152	11,248	3,371	64	0	1,691	0	18,541	5,222	0
Charles	191,348	14,031	4,690	3,411	2,270	1,941	488	51,261	27,297	85,999	-40
Dorchester	299,293	31,390	2,445	12,162	720	0	1,918	0	226,009	26,191	-1,542
Frederick	339,392	28,460	19,531	10,148	4,737	1,791	-10,145	184,341	60,183	41,750	-1,404
Garrett	280,614	27,766	5,077	1,310	2,338	0	1,734	30,561	105,157	108,881	-2,210
Harford	524,613	85,280	64,299	12,115	8,241	2,888	3,213	22,579	75,742	250,256	0
Howard	279,042	22,025	9,299	2,671	3,158	1,532	2,575	26,616	32,616	178,550	0
Kent	39,994	6,316	2,096	56	0	0	1,288	0	4,047	26,191	0
Montgomery	719,693	132,409	52,520	34,297	4,252	11,393	-4,680	279,470	48,330	162,282	-579
Prince George's	743,370	228,114	144,827	52,434	16,856	15,954	4,790	57,777	97,454	125,626	-461
Queen Anne's	94,,326	8,405	159	3,613	428	0	-510	12,394	877	69,755	-795
St. Mary's	182,152	20,383	962	1,951	320	1,074	5,294	84,787	42,922	24,459	0
Somerset	304,188	9,124	1,575	799	0	50	261	674	265,516	26,529	-340
Talbot	112,919	11,224	1,742	2,483	424	0	66	0	66,430	30,550	0
Washington	1,037,296	29,568	12,412	4,106	3,700	1,550	1,089	135,251	298,844	571,753	-20,978
Wicomico	686,565	51,954	11,328	1,374	0	0	705	302,629	281,228	37,347	0
Worcester	172,730	43,111	36,123	150	0	0	1,851	0	91,156	339	0

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TABLE 31. SPECIAL SERVICES: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1986

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE: Optometrist-Optician Services	Ambulance Service	Van Service	Podiatry	Medical Laboratory Services	Medical Supplies	Hearing Aids	Physical Therapy	Medicare Deductible & Coinsurance[1]	Collections
Maryland State	$10,961,272	$2,781,882	$886,216	$307,958	$685,697	$2,997,463	$3,211,923	$60,567	$53,484	$1,701,773	-3,918
Baltimore City	6,238,488	1,738.473	526,392	216,663	393,874	1,790,038	1,522,162	28,369	23,329	747,832	-811
Total Counties	4,757,919	1,064,409	368,824	91,295	296,958	1,187,425	1,689,761	32,198	30,155	953,941	-3,107
Allegany	182,487	61,398	13,763	52	6,295	36,340	63,765	917	--	31,930	-43
Anne Arundel	566,819	100,160	55,839	4,763	35,413	149,147	212,470	2,203	6,824	105,998	--
Baltimore	986,330	159,890	109,843	49,903	64,988	224,922	364,013	5,744	8,235	267,382	-1,208
Calvert	68,131	18,053	4,972	195	8,375	19,409	17,008	--	134	14,007	-15
Caroline	52,985	15,535	1,264	78	3,961	3,392	28,004	763	--	6,456	-12
Carroll	95,147	18,289	8,555	997	5,335	25,751	35,093	106	1,022	24,894	-1
Cecil	84,158	31,687	3,490	63	2,393	9,870	35,986	133	813	10,443	-277
Charles	165,570	37,114	9,353	298	3,639	31,012	82,197	1,888	69	18,561	--
Dorchester	80,970	29,070	5,127	66	7,556	7,457	31,518	481	100	21,365	-405
Frederick	118,160	22,235	8,274	282	7,702	39,943	38,395	771	575	21,786	-17
Garrett	58,307	26,040	2,792	--	18	5,894	23,563	--	--	3,299	--
Harford	185,302	45,296	13,631	420	9,893	45,148	66,535	202	4,228	35,956	-51
Howard	100,976	15,791	8,258	454	3,934	34,099	38,291	144	58	23,943	-53
Kent	26,820	10,706	2,563	--	1,320	33,522	7,902	--	807	6,703	--
Montgomery	527,072	85,467	31,470	9,817	52,427	195,394	148,960	1,125	3,060	112,350	-648
Prince George's	768,603	167,193	46,333	23,153	38,164	260,249	216,709	13,216	3,672	109,242	-86
Queen Anne's	38,675	14,640	2,794	--	1,971	6,976	11,609	308	377	6,417	--
St. Mary's	69,018	22,469	3,460	278	3,502	16,701	21,642	868	181	8,871	-83
Somerset	79,899	23,682	1,597	52	6,265	12,147	35,649	507	--	26,873	--
Talbot	37,644	12,191	824	208	3,907	2,556	17,926	32	--	6,927	--
Washington	227,332	72,975	27,063	69	5,225	32,467	87,937	1,772	--	28,385	-176
Wicomico	176,432	54,295	4,903	147	17,859	17,473	81,029	736	--	49,729	-10
Worcester	61,082	20,234	2,656	--	6,816	7,556	23,560	282	--	12,424	-23
Recoveries	(35,135)	(21,000)	(9,000)		(5,135)						

[1] Payments for Medicare deductibles and coinsurance are included in service payment totals. See Table 24 for itemized Medicare payments by service type.

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TABLE 32. EARLY AND PERIODIIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM: SERVICES AND PAYMENTS TO EPSDT PROVIDERS
FISCAL YEAR 1986

County	Number of Screens	Payments
Maryland State	44,332	$1,480,150
Baltimore City	21,628	748,834
Counties	22,704	731,316
Allegany	1,305	41,214
Anne Arundel	22,197	69,631
Baltimore	2,770	88,149
Calvert	482	16,171
Caroline	339	10,641
Carroll	562	18,296
Cecil	484	14,721
Charles	1070	34,238
Dorchester	605	20,236
Frederick	775	24,824
Garrett	485	16,583
Harford	854	28,744
Howard	314	10,233
Kent	160	5,423
Montgomery	1,750	56,169
Prince George's	4,054	129,569
Queen Anne's	320	10,258
St. Mary's	556	17,801
Somerset	153	4,984
Talbot	356	10,551
Washington	1,100	36,889
Wicomico	1,479	48,521
Worcester	534	17,470

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TABLE 33. CHARACTERISTICS OF ALL PERSONS ENROLLED AT SOME TIME DURING THE YEAR TO RECEIVE MEDICAL CARE:
FISCAL YEAR 1986

Total Persons Enrolled*		487,285
Total Medicaid Eligibles Only		470,066
Categorically Eligible - Basis of Whose Eligibility Was		381,585
- Age 65 or over	21,856	
- Blindness	421	
- Permanent and Total Disability	40,214	
- Dependent Children Under 21	191,904	
- Adults in Families w/ Dependent Children	91,078	
- Other (Essential Persons)	66	
- General Public Assistance	36,046	
Medically Indigent - Base of Whose Eligibility Was		88,481
- Age 65 or over	20,176	
- Blindness	17	
- Permanent & Total Disability	5,945	
- Total Dependent Children Under 21	24,160	
- Under 21 not in Family	6,065	
- Under 21 in Family	18,104	
- Adults in Families w/ Dependent Children	8,465	
- Other	29,718	
- Standard I	28,685	
- Subsidized Adoptions	1,033	
Total Pharmacy Assistance Program Only		17,219
Age in Years - Total		487,285
Under 21		233,088
21 through 64		197,690
65 or Over		56,507
Sex - Total		487,285
Male		184,544
Female		302,741
Race - Total		487,285
White		192,834
Non-White		291,346
Unknown		3,105

*Represents Medical Assistance eligibles and Pharmacy Assistance eligibles.

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TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1982-1986

	FISCAL YEAR				
	1986	1985	1984	1983	1982
Number of Recipients	398,721	380,664	380,833	386,623	387,584
Payments: All Services[1]	$758,881,991	$598,171,941	$572,016,964	$515,836,886	$446,715,075
Hospital Inpatient	268,628,325	218,610,636	$218,669,876	$203,072,245	$180,714,973
Nursing Facility Care	202,774,487	194,576,061	187,884,075	161,764,484	139,896,935
Hospital Outpatient Care	63,079,477	62,980,659	60,666,405	56,477,101	49,025,687
Physician Services	62,488,765	52,395,250	45,509,020	42,095,766	34,967,960
Pharmacy Services	48,484,624	43,901,856	37,869,459	33,153,476	26,408,324
Dental Services	4,744,469	5,359,316	5,330,982	5,854,505	5,909,092
Home and Community Health Services	17,997,765	10,154,321	6,973,754	4,702,493	2,772,458
Special Services	10,961,272	10,193,842	9,083,393	8,716,816	7,019,646
State Institutions	79,722,807	26,455,572	--	--	--
Average Number of Enrollees	341,256	338,975	341,622	351,109	354,309
Federally Matched Indigent	272,681	266,240	263,851	261,470	270,277
Federally Matched Medically Indigent	37,660	40,811	43,577	49,615	45,824
Non-Federally Matched	31,523	31,924	34,194	40,024	38,208
Average Payment Per Enrollee: All Services[1]	$2,224	$1,765	$1,674	$1,469	$1,261
Federally Matched Indigent	1,294	1,032	980	864	755
Federally Matched Medically Indigent	7,996	5,760	5,083	3,957	3,574
Non-Federally Matched	3,349	2,776	2,683	2,335	2,061
Hospital Inpatient Care	$787	$645	$640	$578	$510
Nursing Facility Care	594	574	550	461	395
Hospital Outpatient Care	185	186	178	161	138
Physician Services	183	155	133	120	99
Pharmacy Services	142	130	111	94	74
Dental Services	14	16	16	17	17
Home and Community Health Services	53	30	20	13	8
Special Services	32	30	27	25	20
State Institutions	234	78	--	--	--

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; or payments for general transportation services. Payments to State institutions are included in fiscal year 1986 total, in addition to a carry-over in FY 1985 payments for Hospital Inpatient services. See Program Trends for an explanation of fiscal year 1986 increase.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1982-1986 (Continued)

HOSPITAL INPATIENT SERVICES[1]	FISCAL YEAR 1986	1985	1984	1983	1982
Number of recipients	90,552	65,679	65,226	67,451	67,857
Payments: Total	$295,509,464	$218,610,636	$218,699,876	$203,072,245	$180,714,973
General Hospitals					
Number of discharges	84,202	68,074	70,115	70,105	71,870
Number of days of care	464,453	398,197	442,683	460,933	481,605
Payments: Total	$238,217,379	$193,742,314	$198,822,499	$188,191,890	$170,436,579
Inpatient care	230,577,078	186,418,697	193,152,299	183,115,004	166,023,750
Average per diem payment	512.90	485.24	436.32	397.27	344.73
Medicare deductible and coinsurance	7,640,301	7,323,617	5,670,200	5,076,886	4,412,829
Average number of days per discharge	5.74	5.85	6.31	6.57	6.70
Average number of days per enrollee	1.36	1.17	1.30	1.31	1.36
Special and Chronic Hospitals					
Number of days of care	92,115	91,948	90,935	83,174	81,838
Payments: Total	$30,583,195	$25,768,223	$22,017,840	$17,521,433	$12,773,794
Inpatient care	30,344,986	25,550,880	21,883,480	17,426,100	12,480,930
Average per diem payment	332.01	280.25	240.65	207.29	152.51
Medicare deductible and coinsurance	238,209	217,343	134,360	95,333	292,864
Average number of days per enrollee	0.27	0.27	0.27	0.24	0.23

[1] See PROGRAM TRENDS and Table 25 for an explanation of fiscal year 1986 increases in recipients, payments, and general hospital discharges.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1982-1986 (Continued)

	FISCAL YEAR				
	1986	1985	1984	1983	1982
State Chronic and Mental Hospitals					
Number of days of care	165,515	--	--	--	--
Payments: Total	$26,881,139	--	--	--	--
Inpatient Care	25,778,693	--	--	--	--
Average per diem payment	162.41	--	--	--	--
Medicare deductible and coinsurance	1,102,446	--	--	--	--
Collections: Total	($172,249)	($899,901)	($2,140,463)	($2,641,078)	($2,495,400)
HOSPITAL OUTPATIENT PROGRAM					
Number of recipients	180,257	211,407	216,851	221,037	220,558
Number of emergency room (ER) and outpatient department (OPD) visits	545,493	653,359	682,361	685,228	682,390
Payments: Total	$63,079,477	$62,980,659	$60,666,405	$56,477,101	$49,025,687
Emergency room and outpatient department visits	$24,675,412	$28,864,923	$28,359,815	$26,125,945	$23,062,675
Ancillary services	35,251,622	$31,482,850	$29,092,715	$27,370,409	$23,377,515
Average payment per visit	109.86	$92.36	$84.20	$78.07	$68.06
Medicare deductible and coinsurance	$3,152,443	$2,632,886	$3,213,875	$2,980,747	$2,585,497
Average number of ER and OPD visits per enrollee	1.60	1.93	1.20	1.95	1.92
Average number of ER and OPD visits per recipient	3.03	3.09	3.15	3.10	3.09

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1982-1986 (Continued)

NURSING FACILITY PROGRAM	FISCAL YEAR 1986	1985	1984	1983	1982
Number of recipients of service	25,412	20,549	18,223	18,430	17,390
Number of days of care: Total	5,215,405	5,188,17	5,060,138	4,918,876	4,712,143
Nursing care	5,210,417	5,182,483	5,054,301	4,910,139	4,072,525
Medicare coinsurance	4,988	5,696	5,837	8,737	9,618
Payments: Total	$202,774,487	$194,576,061	$187,884,075	$161,764,484	$139,896,935
Nursing care	202,532,177	194,331,594	187,665,576	161,480,597	139,,763,828
Medicare coinsurance	242,310	244,467	218,499	283,887	133,107
Average per diem payment					
Nursing care	38.87	37.50	$37.13	$32.89	$29.72
Medicare coinsurance	48.58	42.92	37.43	32.49	13.84
Average number of days per enrollee					
Nursing Care	15.28	15.29	15.04	13.98	13.27
Medicare coinsurance	.02	.02	.02	.02	.03
ICF-MR Facilities					
Number of recipients of service	1,819	--	--	--	--
Number of days of care	524,839	--	--	--	--
Payments: Total	$52,841,668	--	--	--	--

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1982-1986 (Continued)

PHYSICIAN SERVICES	FISCAL YEAR 1986	1985	1984	1983	1982
Number of recipients	295,062	301,038	292,563	300,978	296,684
Payments: Total	$62,488,765	$52,395,250	$45,509,020	$42,095,766	$34,967,960
Office, Home & Nursing Facility Services					
Number of recipients	--	242,148	237,593	240,144	232,085
Payments: Total	$33,251,237	$26,776,684	$23,351,098	$21,155,636	$17,538,388
Physician					
Number of Visits	889,824	824,095	770,650	801,482	750,199
Payments					
Visits	$17,217,030	$14,927,403	$12,952,718	$13,219,309	$10,961,559
Specified services	13,607,924	6,036,842	6,100,558	3,787,075	3,413,770
Medicare deductible and coinsurance	2,426,282	2,063,303	3,097,314	2,100,856	1,620,087
Number of visits per enrollee	2.61	2.43	2.25	2.28	2.12
Number of visits per recipient	--	3.40	3.24	3.34	3.23
Clinics					
Payments	$8,632,292	$3,846,448	$2,251,728	$2,084,348	$1,572,428
Collections	($156,720)	($97,312)	($51,220)	($35,952)	($29,546)
In Hospital Service					
Number of recipients	--	172,072	156,646	162,186	158,457
Payment: Total	$29,394,248	$25,715,878	$22,157,922	$20,940,130	$17,429,572
Service to: Inpatients	$18,333,600	$16,467,883	$14,559,891	$13,818,927	$11,839,534
Outpatients	4,642,485	3,559,907	2,669,982	2,671,566	2,242,,261
Emergency room patients	1,838,277	1,647,484	1,224,374	1,146,329	981,815
Medicare deductible and coinsurance	$4,579,886	$4,040,604	$3,703,675	$3,338,831	$2,395,300
Collections	(-0-)	(-0-)	(-0-)	($35,523)	($29,338)

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1982-1986 (Continued)

DENTAL SERVICES	FISCAL YEAR 1986	1985	1984	1983	1982
Number of recipients	75,804	83,075	85,706	89,815	89,261
Payments: Total	$4,774,469	$5,359,316	$5,330,982	$5,854,505	$5,909,092
Diagnostic	718,415	789,697	753,151	841,866	856,128
Preventive	1,126,886	1,210,042	1,128,510	1,067,626	845,136
Restorative	975,989	1,264,139	1,315,645	1,563,599	1,682,040
Endo/Periodontic	218,141	314,570	344,010	442,353	405,026
Prosthodontic	59,651	65,924	92,468	104,252	140,622
Oral surgery	724,181	705,233	706,117	771,457	767,830
Other services	951,206	1,009,711	991,081	1,063,352	1,212,310
Number of Selected Services					
Prophylaxes	48,765	54,865	56,398	59,055	56,858
Floride treatments	42,198	47,488	48,734	50,522	50,416
Fillings	52,801	69,376	82,183	99,703	116,883
Extractions (routine)	44,367	43,539	43,809	54,433	59,954
Full upper or lower dentures	7	17	23	38	56
Partial Dentures	108	188	287	329	450
PHARMACY SERVICES					
Number of recipients	274,392	273,647	273,028	276,176	273,351
Number of invoices: Total	3,265,811	3,077,593	2,897,328	2,870,691	2,741,959
Payments: Total	$48,484,624	$43,901,856	$37,869,459	$33,153,476	$26,408,324
Average payment per invoice:	$14.85	$14.26	$13.07	$11.55	$9.63
Average number of invoices per enrollee	9.57	9.08	8.48	8.17	7.74
Average number of invoices per recipient	11.90	11.25	10.61	10.39	10.03

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1982-1986 (Continued)

HOME AND COMMUNITY HEALTH SERVICES	FISCAL YEAR 1986	1985	1984	1983	1982
Number of recipients	7,930	5,889	4,647	3,944	3,422
Payments: Total	$17,997,787	$10,154,321	$6,973,754	$4,702,493	$2,772,458
Nursing Service	2,375,331	1,925,428	1,546,594	1,240,368	1,040,866
Home Health Aide	768,056	715,644	529,493	571,209	568,402
Physical, Occupational & Speech Therapy	602,930	475,642	332,280	283,473	217,771
Medical Day Care	4,002,585	2,845,858	1,774,326	1,140,823	332,496
Personal Care	5,483,792	4,022,839	2,662,370	1,375,620	531,698
Other Specified Services	143,846	168,910	128,691	90,498	79,855
Waivers	4,621,247	-0-	-0-	-0-	-0-
Medicare deductible	-0-	-0-	-0-	-0-	1,370
SPECIAL SERVICES					
Number of recipients		145,355	141,904	143,935	127,410
Payments: Total	$10,961,272	$10,193,842	$9,083,393	$8,716,816	$7,019,646
Optometry & Optician Service	2,767,185	2,936,513	2,773,501	2,979,337	2,682,842
Ambulance & Van Service	692,105	998,244	565,119	568,772	525,111
Medical Laboratory Service	2,804,915	2,627,070	2,094,741	1,978,349	1,445,967
Medical Supplies	2,439,363	1,840,553	1,419,968	1,329,769	1,008,738
Podiatry	446,783	653,435	429,560	419,429	329,190
Physical Therapy	52,500	49,847	40,421	35,404	17,204
Hearing Aids	60,567	77,356	59,203	65,085	37,453
Medicare Deductible & Coinsurance	1,701,773	1,629,640	1,704,263	1,340,655	973,141
No Medicare Part B Coverage	-0-	(30)	(1,223)	27	
Recoveries (other)	($3,918)	($6,628)	($2,160)	($11)	

MARYLAND PHARMACY ASSISTANCE PROGRAM

TABLE 35. SUMMARY OF SELECTED PHARMACY ASSISTANCE PROGRAM DATA: FISCAL YEARS 1982-1986

PHARMACY ASSISTANCE SERVICES	1986	1985	1984	1983	1982
Average Enrollment	13,593	13,099	11,370	10,761	10,573
Maximum Gross Allowable Income Base	$5,800	$5,400	$5,100	$4,950	$4,600
Total Payments	$5,110,658	$4,487,552	$3,494,592	$2,710,740	$2,320,597
Total Number of Prescriptions	308,658	279,873	234,945	208,311	212,611
Average Payment per Prescription	$16.55	$16.03	$14.88	$13.01	$10.91
Average Cost per Recipient	$376.00	$343.00	$307.00	$252.00	$220.00

APPENDIX A
GLOSSARY OF TERMS

ENROLLEES Those persons who apply for and are determined eligible for Aid to Families with Dependent Children, General Public Assistance, Supplemental Security Income or Medical Assistance. Each enrollee receives a Medical Assistance identification card.

RECIPIENTS Medical Assistance enrollees who use their Medical Assistance identification cards to receive services.

FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORIES

OAA Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI) benefits.

PANB Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI benefits.

EP Essential Persons. Individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind or disabled spouse with whom they lived and who continue to meet the December 1973 criteria for the State's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

AFDC Aid to Families with Dependent Children. Individuals who are recipients of Aid to Families with Dependent Children benefits.

FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

MAO Medical Assistance to Individuals Aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI.

MAB Medical Assistance to the Blind. Individuals who are disabled and are not recipients of SSI.

MAD Medical Assistance to the Disabled. Individuals who are disabled and are not recipients of SSI.

MAFC Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker-relative and receive no cash assistance. This group is comprised of children in foster care, state facilities for the mentally retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC — Medical Assistance to Individuals Under 21 and In Family. Individuals younger than 21 years old who live with family members and are not receiving cash assistance.

MAR — Medical Assistance to Eligible Relatives. Individuals who are caretaker-relatives of children who do not receive cash assistance.

NON-FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORY

GPA — General Public Assistance. Individuals who are receiving cash assistance from state and local funds because they are unemployed or only part-time employed due to a medically substantiated disability or advanced age and lack of experience in the labor market.

NON-FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

STND I — Standard I. Individuals between the ages of 21 and 65 who are not blind or disabled or a caretaker-relative and are not receiving cash assistance in either a federal or a state-only program.

SA — Subsidized Adoptions. Children with special needs who have been adopted, through the Maryland Department of Human Resources, by families whose income and/or assets render the children financially ineligible for Medicaid coverage.

APPENDIX B
TECHNICAL NOTE

Enrollees are generally issued plastic Medical Assistance identification cards for periods of either three or twelve months. During these periods, an enrollee may be found to be no longer eligible for Medical Assistance. In addition, some enrollees are found ineligible retroactively. This loss of eligibility may be due to a change in the individual's marital status, employment or financial situation. Upon receipt of information which indicates a change that requires cancellation of eligibility, the Department of Social Services informs the enrollee by letter that he/she is no longer eligible for Medical Assistance and must return the Medical Assistance card.

Historically, when an individual's Medical Assistance eligibility has been cancelled prior to the expiration date on her/his identification card, the individual has continued to be counted as an enrollee until the expiration date on the card. These "cancelled" enrollees have appeared in the Standard I enrollment category.

In addition, providers have had limited means for identifying enrollees whose eligibility had been cancelled prior to the expiration dates on their Medical Assistance cards. Therefore, the Program has paid the relatively small number of claims submitted for "cancelled" recipients with valid identification cards who have continued to use their cards. To address this situation an eligibility verification system has been implemented whereby providers are able to easily verify the eligibility status of any enrollee. This greatly reduces the potential for service utilization by a "cancelled" enrollee.

Since Program payments for these enrollees have always been relatively small, and since the eligibility verification system has eliminated most of the remaining payments, as of fiscal year 1982 enrollees with a "cancelled" status are no longer counted in Program enrollment figures.

In order to compare enrollment or enrollment-related statistics from this publication, which excludes "cancelled" enrollees, with those of publications prior to fiscal year 1982, which include "cancelled" enrollees, both figures for fiscal years 1971 through 1981 are listed on the following page.

Fiscal Year	Average Monthly Enrollment	
	Excluding Cancelled Enrollees	Including Cancelled Enrollees
1971	336,715	337,715
1972	375,981	385,981
1973	398,715	414,715
1974	382,306	402,806
1975	386,718	416,151
1976	395,034	424,606
1977	371,067	405,925
1978	346,544	380,098
1979	337,571	365,854
1980	347,820	376,276
1981	363,943	394,466

The Secretary of Health and Mental Hygiene, by law* and/or policy does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color, and national origin; additionally, discrimination in any phase of employment practices, policies or procedures on the basis of religion, age, sex or political affiliation are prohibited. This encompasses all facilities and programs directly operated by DHMH, grant-in-aid programs, providers of health services receiving Federal funds through DHMH, contractors and sub-contractors.

*Applicable laws and policy are available on request.

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